



**APPLICATION FOR THE OHIO STATE UNIVERSITY
COMMUNITY HEALTH WORKER TRAINING PROGRAM**

GENERAL INFORMATION (Complete the entire application in ink or typed print)

Full Legal Name: _____

Address: _____

City: _____ State: _____ Zip: _____

County of Residence: _____

Telephone Number: (Cell) _____ (Home) _____

Email Address: _____

Gender: Female Male

Assistance:

Do you currently receive any of the following: (mark all that apply):

Food Assistance Medicaid Insurance Both None

Do you receive assistance with child care: Yes No

Current Family Size (# of individuals in your household) : _____

Estimated Annual Household Income: _____

Transportation

Do you have reliable transportation: Yes No

Race

Do you consider yourself to be Hispanic or Latino? Yes No

Ethnicity

How do you describe yourself? (select all that apply)

- African American or Black
- Asian
- American Indian/Alaska Native
- Caucasian or White
- Native Hawaiian or other Pacific Islander
- Other, please describe: _____

Citizenship: US Citizen Permanent Legal Alien Non-immigrant status

What is your country of citizenship: _____

High School or Equivalence: *PLEASE SUBMIT A COPY VERIFYING HIGH SCHOOL OR EQUIVALENT COMPLETION WITH THIS APPLICATION

Name of High school: _____

City and State: _____

Date of Graduation: ____/____/____ (mm/dd/yyyy)

OR

GED City and State: _____

Date taken: ____/____/____ (mm/dd/yyyy)

Why are you interested in applying to the Community Health Worker Program? : _____

What skills will you bring to the program?

Please answer the following questions:

1. Have you ever been convicted of:
 - a. A felony in Ohio, another state, commonwealth, territory, province or country?
 Yes No
 - b. A misdemeanor in Ohio, another state, commonwealth, territory, province, or country? (This does not include traffic violations unless they are DUI/OVI)
 Yes No
2. Have you ever, for any reason, been denied an application, issuance, or renewal for licensure or certification of any program in any state (including Ohio), or country?
 Yes No
3. Are you currently participating in a monitoring program?
 Yes No

If yes, you are required to provide information detailing your participation in and compliance with the program.

4. Have you been notified of any proceeding to determine whether you may be subject to listing on the Sexual Civil Child Abuse Registry (Ohio Revised Code section 3797.08) and/or are you listed on that registry?
 Yes No
5. Are you required to register, under Ohio law, the law of another state, the US or a foreign country as a sex offender?
 Yes No

Background Check – All CHW participants are required to satisfactorily complete a criminal background checks as a condition of enrollment. This requirement is in accord with the Ohio Revised Code Section 4723.09 and is also a compliance requirement of agencies for student placement in clinical practicums. Please note that a past felony or misdemeanor conviction may disqualify a student from entering the clinical agency or be hired by potential employers.

Drug Testing – All CHW participants are required to successfully complete a drug test as a condition for enrollment and may be subject to future urine drug screening for ‘just cause.’ Applicants will be denied admission for failure to comply with the drug screen or have an unsatisfactory drug screen outcome.

NOTE: The Background Checks (BCI and FBI) and Drug Test will be paid for by the College of Nursing and must be completed at a center recommended by the College. The stipend for participation in this program requires a satisfactory BCI, FBI, and Drug Test.

Statement of Integrity: I certify that the information contained within this form is complete and accurate, and I understand that submission of inaccurate information is sufficient cause for terminating my enrollment. Additionally, at all times I am required to notify The Ohio State University College of Nursing of any charge, indictment, or conviction involving a felony. Failure to provide such notification may result in student disciplinary action, up to and including expulsion from the Community Health Worker Training Program.

Student Signature (Required)

Print Name

Date

Completed applications may be returned to:

Katherine Larabee, BA
Larabee.9@osu.edu
614-247-8439
347A Newton Hall
1585 Neil Ave.
Columbus, OH 43210