



**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: (circle): Food Assistance / Medicaid Insurance / Both

Do you receive assistance with Child care: Yes / No

Current Family Size: _____ Estimated Annual Income: _____

Transportation:

Do you have reliable transportation: Yes / No

Race/Ethnicity:

African American ____ Asian-Indian ____ Hispanic/Latino ____ Other ____

American Indian ____ Caucasian/White ____ Native Hawaiian ____

Citizenship: US Citizen ____ Permanent Legal Alien ____ Non-immigrant status ____

High School or Equivalence:

Name of High school: _____

City and State: _____

Date of Graduation: _____

OR

GED City and State: _____

Date taken: _____

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.

Participants will be expected to fulfill a specified amount of service hours to populations aided by Medicaid. This Retention Obligation will be fulfilled prior to final payment for participation in CHW program.

Completed applications may be returned to:

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Ohio State University
College of Nursing
Newton Hall
1585 Neil Ave.
Columbus, OH 43235
Nguyen.1336@osu.edu

Virginia Nunes Gutierrez, CHW
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Questions can be directed to the above email addresses or call: (614) 247-8439.