

We're excited that you are taking the next step toward enrolling in Hondros College!

Choose one of the following ways to return your application to your campus.

Please note, your application will not be complete until the \$25 application fee has been paid.

Fairborn (Dayton) Campus

- Scan and e-mail your application to **DAY-FAIR_Admissions@hondros.edu**
- Mail or hand-deliver your application to: 1810 Successful Dr., Fairborn, OH 45324.

Independence (Cleveland) Campus

- Scan and e-mail your application to **CLE-IND_Admissions@hondros.edu**
- Mail or hand-deliver your application to: 5005 Rockside Rd., Suite 130, Independence, OH 44131.

West Chester (Cincinnati) Campus

- Scan and e-mail your application to **CIN-WC_Admissions@hondros.edu**
- Mail or hand-deliver your application to: 7600 Tylers Place Blvd., West Chester, OH 45069.

Westerville (Columbus) Campus

- Scan and e-mail your application to **COL-WEST_Admissions@hondros.edu**
- Mail or hand-deliver your application to: 4140 Executive Parkway, Westerville, OH 43081.

RN-BSN Online Completion Program

- Scan and e-mail your application to **RN-BSN_Online@hondros.edu**
- Mail or hand-deliver your application to: 4140 Executive Parkway, Westerville, OH 43081.

Application For Admission

Program: Practical Nursing Program Daytime Evening/Weekend
 Associate Degree In Nursing Program
 Online RN-BSN Completion Program Full-time Part-time

Application for class beginning:

Winter Spring Summer Fall Year _____

Campus: Westerville West Chester Independence Fairborn

PERSONAL INFORMATION *(please print clearly)*

Legal Name LAST _____ FIRST _____ MIDDLE (required) _____

Maiden/Alternate Names _____ Social Security Number _____

Daytime phone number _____ Alternate phone number _____

Cell phone provider _____ Do you agree to receive text messages from Hondros College? Yes No

Date of Birth _____ Gender Male Female

E-mail address _____

Address _____ City _____

County _____ State _____ Zip _____

Are you a permanent resident of the United States? Yes No

Country of citizenship *(if not a U.S. citizen)* _____ Resident alien registration # _____

LPN/RN license #, if applicable _____

DEMOGRAPHIC INFORMATION

The items in this section are optional. No information you provide will be used in a discriminatory manner.

Do you designate your ethnicity as Hispanic or Latino? Yes No

Indicate one or more ethnicity by checking boxes below.

Black or African-American Asian Hispanic/Latino White American Indian or Alaska Native

Native Hawaiian or Pacific Islander Non-resident alien Two or more races

MILITARY HISTORY

Are you currently on active military duty? Yes No

Are you a veteran of the U.S. armed services? Yes No

Date of military service (to/from)? _____

EDUCATIONAL BACKGROUND

Do you have a high school diploma? Yes No Year graduated _____

School name _____ City _____ State _____

If you do not have a high school diploma, do you have a high school equivalency (GED) certificate? Yes No

What is the state in which you received your GED? _____

Do you have ACT or SAT test scores (within the past five years)? Yes No (If yes, please provide proof of scores.)

POST-SECONDARY EDUCATIONAL BACKGROUND

List in chronological order, including college, university, vocational/technical school, nursing school, etc. and any degree earned.

Name of School	City/State	Diploma/Degree Earned or Semester/Quarter Hours Completed

EMPLOYMENT EXPERIENCE

Begin with the most recent and include healthcare and non-healthcare experience. Copy if additional forms are needed.

Organization _____ Phon number _____

Address _____ City _____ State _____ Zip _____

Dates employed: From _____ To _____ Supervisor _____

Position _____ Reason for leaving _____

Organization _____ Phon number _____

Address _____ City _____ State _____ Zip _____

Dates employed: From _____ To _____ Supervisor _____

Position _____ Reason for leaving _____

Comments _____

Do you plan on being employed while attending Hondros College? Yes No If yes, how many hours per week? _____

DISCIPLINARY HISTORY

If you answer YES to any of the questions below, please provide a statement listing all offenses with the date of conviction and disposition. A criminal conviction does not automatically disqualify an applicant from admission. Determination of admittance will be considered on an individual basis after the BCI/FBI background check has been received. Applicants who are admitted to Hondros College must meet with the Director of Nursing to discuss prior criminal offenses.

Were you ever convicted of a criminal offense regardless of the adjudication? Yes No

Are you currently under pending charges for a criminal offense? Yes No

Have you ever had any action taken against your professional license or certification? Yes No

RN-BSN Applicants: Hondros College does not require a background check or drug screen prior to being enrolled into the RN-BSN Completion program. However, some clinical agencies may have this requirement, and it is the student's obligation to meet the established criteria of each clinical agency. Failure to complete these requirements may prohibit attendance at the clinical, thus impacting the student's progression and completion in the program.

HOW DID YOU HEAR ABOUT US?

How did you hear about our program? TV commercial Mailer to home Newspaper/magazine
 Radio Career/College Fair Billboard Referral (name _____)
 Internet (Facebook Google Hondros College Website) Other _____

The information given on this application is complete and accurate. I realize that failure to disclose fully and accurately all facts relating to this application shall be grounds for dismissal from Hondros College. If admitted, I pledge to comply with all the rules and regulations of Hondros College and Clinical agencies. I give my permission to contact the educator and employers listed as references; and I authorize all persons, schools, companies, credit bureaus and law enforcement agencies to supply any confirmation concerning my background, which may include a formal criminal background check.

I have read and understand this application. I understand that I may cancel this application, and receive full refund of monies I have paid, by mailing a written notice to Hondros College, postmarked no later than midnight on the fifth business day after initial signing of this application. I also understand that I may use this application as my cancellation notice by writing "I hereby cancel" at the bottom, and adding my name, address and signature, and delivering, or mailing it to Hondros College.

Legal signature of applicant _____ Date _____

EQUAL OPPORTUNITY ADMISSIONS *Hondros College maintains and enforces a policy of affording equal opportunity to all individuals regardless of individual characteristics. This policy prohibits Hondros College, its faculty, staff and employees from discriminating against any applicant or student because of gender, race, age, color, disability, national origin, religion, or other category protected by applicable federal, state or local law.*