



Train the Trainer Program Application

Please complete all required information. You will use this form as verification or resume for ODH requirements. Incomplete applications will be returned.

Name: _____ RN/LPN # _____ EXP _____

Home Address: _____ City: _____ Zip _____

Phone: _____ Cell: _____ Email: _____

You MUST provide verifications of the following in order to meet Eligibility Requirements for the TTT course- see attached Verification Template:

- To be a PC (RN) Provide verification on facility letter head for a minimum of two years (3200 hr.) of nursing experience as an RN providing care for the elderly or chronically ill in a long term care setting. **One year (1600 hrs) must be as an RN in a licensed nursing home.**
- To be a PI (RN or LPN) Provide verification on facility letter head for a min two years (3200 hr) or nursing experience in caring for the elderly or chronically ill of any age in nursing home, hospital geriatric unit or other long term care facilities
- To apply for Modified TTT, provide a copy of Completion form from a NATCEP you taught in the past 2 years; or a copy of your vocation Education Certificate, or verification of RN with degree in Education in addition to the above requirements as outlined per discipline.

Employment- MUST equal a minimum of 3200 hours of approved experience- see above. Additional copies of pages if necessary.

1. Facility _____ Position _____

Address _____ City _____

Phone _____ Contact _____

List Specific Duties that meet above eligibility requirements _____

Dates of Service _____ PT/FT _____ Total Hours _____

2. Facility _____ Position _____

Address _____ City _____

Phone _____ Contact _____

List Specific Duties that meet above eligibility requirements _____

Dates of Service _____ PT/FT _____ Total Hours _____

3. Facility _____ Position _____

Address _____ City _____

Phone _____ Contact _____

List Specific Duties that meet above eligibility requirements _____

Dates of Service _____ PT/FT _____ Total Hours _____

4. Facility _____ Position _____

Address _____ City _____

Phone _____ Contact _____

List Specific Duties that meet above eligibility requirements _____

Dates of Service _____ PT/FT _____ Total Hours _____

SCHOOL OF NURSING _____

Address _____ City _____

Date Graduated _____ Degrees/Licenses _____

ADDITIONAL RELATED EDUCATION

UNIVERSITY _____

Address _____ City _____

Date Graduated _____ Degrees/Licenses _____

Professional References

1. Name _____ Position _____

Company _____ City _____

Phone _____ Alt # _____ Yrs Known _____

2. Name _____ Position _____

Company _____ City _____

Phone _____ Alt # _____ Yrs Known _____

3. Name _____ Position _____

Company _____ City _____

Phone _____ Alt # _____ Yrs Known _____

Modified TTT Course

I am eligible to take the Modified TTT Course and am submitting the following verifications of eligibility:

- A copy of Completion form from a NATCEP taught in the past 2 years OR
- A copy of my Vocational Education Certificate OR
- Verification of RN with degree in Education
- To be either a PI or PC provide verification on facility letter head for a min two years (3200 hr) or nursing experience in caring for the elderly or chronically ill of any age in nursing home, hospital geriatric unit or other long term care facilities

I hereby certify that the application I am completing and all information is true, correct, and accurate. I understand that misrepresenting anything in this application may result in termination or revocation of a TTT certificate.

APPLICANT SIGNATURE

DATE