

# Instructions for Application

## Apollo Career Center Practical Nursing Program

3325 Shawnee Road, Lima, OH 45806-1454

1. Print all information requested on the application, including reading, signing, and dating in the areas requested in the application. You must include **all previous/maiden names and social security number**. If you do NOT understand the statements on page 2, 3, 4, 5 or have questions; contact the practical nursing director at 419-998-2975 **BEFORE** signing. **Email addresses are necessary.**
2. **Read, sign, and date** the enclosed copy of the Admission Policy. Read, sign, and date the release on the second page of the admission policy.
3. **Return the completed application with ALL 10 pages** along with the non-refundable \$30 application fee to our office. Please note application or testing prices may change without notice at any time.
4. Complete the following steps that applies to you:
  - a. If you are a high school graduate, complete the form, "Request for High School Transcript" and submit it with any required fee **to your high school** for them to mail to Apollo School of Practical Nursing.
  - b. If you have a GED, complete the transcript form online at: [www.myged.com](http://www.myged.com) . Please have the GED transcript send to Apollo School of Practical Nursing 3325 Shawnee Road, Lima, Ohio 45806. Your GED must be mailed from the state office to our office to be considered official.
  - c. If you are currently in high school, complete the "Request for High School Transcript" for a current transcript of your grades. You will also need to submit a FINAL transcript to Apollo after your graduation from high school.
5. **Sign and date the top of each reference and then give them to three different people NOT related to you:** work reference should be given to previous employer/ coworker; and two personal references. Address three envelopes to Apollo School of Practical Nursing, 3325 Shawnee Road, Lima, OH 45806 with the proper postage on each envelope. Give the reference form and envelope to the appropriate reference person. **THESE REFERENCES MUST BE MAILED TO APOLLO DIRECTLY FROM THE REFERENCE PERSON:** References are confidential and will NOT be accepted from the applicant. These references must have positive comments or will need replaced (if your boss only gives dates= find another reference).
6. Apollo will provide some websites and information to study for the HESI test once your application is received.
7. Nurse Entrance Test Date: *Please note Entrance Test is held monthly!*  
When all of the following have been received, you will be notified of the LPN HESI entrance test date.
  - Application
  - Application fee
  - High school transcript or a Transcript of Equivalency
  - 2 **Positive** Personal References
  - 1 **Positive** Work Reference
  - 1 Signed copy of the Admission Policy
8. Once you pass the HESI test, the next step will be an interview with the Director of the nursing program.
9. The Director of Apollo School of Practical Nursing will contact you regarding an interview date.

**Please be advised our application process takes some time and classes do fill very quickly.**  
**If questions, please call 419-998-2975.**

Apollo Career Center  
3325 Shawnee Road  
Lima, OH 45806-1454

Check interest area: Full-time (11 months) August Start \_\_\_\_\_  
Full-time (11 months) March Start \_\_\_\_\_  
Part-time (18 months) Fall 2023 Start \_\_\_\_\_

**APPLICATION –Licensed Practical Nursing**

Complete and return form to Apollo Career Center. **Non-refundable Application fee of \$30** is to be submitted with the application. DO NOT put cash in the mail. Check or money order should be payable to Apollo Career Center. **Applications are accepted anytime for either class and are kept on file three (3) years from date completed.**

Date \_\_\_\_\_

**A. Identification**

1. Name in full \_\_\_\_\_  
(Last) (First) (Middle) (Maiden)

2. Mailing Address \_\_\_\_\_  
(Number / Street / PO Box/ Apt # or RR) (City) (State) (Zip)

3. Phone # \_\_\_\_\_ Social Security Number \_\_\_\_\_

4. Email address is NECESSARY! \_\_\_\_\_

**B. Education**

1. Are you a high school graduate? YES NO WILL BE IN \_\_\_\_\_

- If yes, list name and address of the high school from which you graduated & date of graduation.

\_\_\_\_\_  
(Name) (Address) (Date)

- If no, do you have a GED certificate? YES NO

If yes, List name and address of the school from which you received your certificate & date of certificate.

\_\_\_\_\_  
(Name) (Address) (Date)

2. List any other school(s) that you have attended **since high school**.

School Name:	Address:	Dates Attended	Area of Study

Have you ever attended any school of nursing? (RN or LPN) YES NO

If yes, complete the following:

Name of School \_\_\_\_\_

Mailing Address of School \_\_\_\_\_

Date of Entrance \_\_\_\_\_ Date of Leaving \_\_\_\_\_

Reason for Leaving:

**Read the following BEFORE you sign. Your signature will indicate that you have read and understand.** If you do not understand, please ask for an explanation BEFORE you sign.

I, \_\_\_\_\_, understand that

1. This is only an application and does NOT assure me of enrollment into the school.
2. All factors of the entrance requirements are reviewed by an Admission Committee
3. I will accept the decision of the admission committee
4. If I am enrolled, the school has the right to ask for my resignation at any time, if I fail scholastically, or do not meet the other standards of the program.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)

.....

**Read the following BEFORE you sign.** Section 4723.28 of the Ohio Revised Code, the Law Regulating the Practice of Nursing, states that the Ohio Board of Nursing may “deny, revoke, suspend, or place restrictions on any license issued by the board.” The sanctions may be imposed for actions, which include the following:

- Conviction of, a plea of guilty to, or a judicial finding of guilt to
  - a) a misdemeanor committed in the course of practice
  - b) any felony or any crime involving gross immorality or moral turpitude
- Selling, giving away, or administering drugs for other than legal and legitimate therapeutic purposes; or conviction of, a plea of guilty to, or a judicial finding of violating any municipal, state, county, or federal narcotics law.

The Ohio Board of Nursing has the authority to refuse to grant licensure to applicants with any of the following felony convictions: aggravated murder, murder, voluntary manslaughter, felonious assault, kidnapping, rape, and sexual battery, gross sexual imposition, aggravated arson, aggravated robbery, and aggravated burglary. A criminal records check and fingerprinting for new applicants for licensure and for individuals from another state endorsing as an RN or LPN into Ohio is required.

It is the prerogative of the School to admit an applicant with a felony or misdemeanor conviction. However, the Board Rule NS-5-18 requires that the school of nursing set up admission criteria. Therefore, the admission policies of the program include evidence that a candidate is made aware of the Board’s responsibility relative to denial of a license as defined in the Law Regulating the Practice of Nursing in Ohio.

**Your signature will indicate that you have read and understand.**

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)

**Read the following BEFORE you sign. Your signature will indicate that you have read and understand.** If you do not understand, please ask for an explanation BEFORE you sign.

When applying for a license to practice nursing in Ohio, questions regarding your mental health history will be asked. Such questions include:

Have you even been diagnosed as having, or have you been treated for, pedophilia, exhibitionism, and voyeurism?

Within the last five years, have you been diagnosed with or have you been treated for bipolar disorder, schizophrenia, paranoia, or any other psychotic disorder?

Have you, since attaining the age of eighteen or within the last five years, whichever period is shorter, been admitted to a hospital or other facility for the treatment of bipolar disorder, schizophrenia, paranoia, or any other psychotic disorder?

Are you currently engaged in the illegal use of chemical substances or controlled substances?

If you answer yes to any of the above questions, the Ohio Board of Nursing will require further documentation. The compliance unit of the Board of Nursing will review the materials and made the decision regarding your licensure.

It is the prerogative of the School to admit any applicant. However, the Board Rule NS-5-18 requires that the school of nursing set up admission criteria. Therefore, the admission policies of the program include evidence that a candidate is made aware of the Board's responsibility relative to denial of a license as defined in the Law Regulating the Practice of Nursing in Ohio.

**Your signature will indicate that you have read and understand.**

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)

**Read the following BEFORE you sign.**

Ohio law requires that a criminal records check be done for prospective employees who will be providing direct care for children or any person aged 60 or older. If the applicant has been convicted of or pleaded guilty to one of several specified offenses, the prospective employer may not employ that person.

**Criminal Record Checks of Applicants for Employment in Positions Involving Older Adults**

Modeled on state law for conducting criminal records checks of persons being employed in positions involving children, the act requires certain entities to request that the Superintendent of the Bureau of Criminal Identification and Investigation (BCII) conduct a criminal records check of each applicant for employment in a position that involves providing direct care to an older adult. "Older adult" is defined as a person age 60 or older. The requirement applies to individuals who apply for employment in a full-time, part-time, or temporary position. It does not apply to a person who provides care as a volunteer without reimbursement for actual expenses. In addition to or in conjunction with requesting criminal records check with respect to applicants for employment in positions involving direct care for older adults, the entities required to make those requests are authorized to request a criminal records check on a person applying for employment in a position that does not involve providing direct care to an older adult.

**Crimes that PROHIBIT Employment**

Generally, the entities subject to the act may NOT employ an applicant who has been convicted of or pleaded guilty to one of several specified offenses or any existing or former law of this state, any other state, or the United States that is substantially equivalent to one of those offenses. The act specifies the following offenses: aggravated murder, murder, voluntary manslaughter, involuntary manslaughter, felonious assault, aggravated assault, assault, failing to provide for a functionally impaired person, aggravated menacing, abuse or neglect of a patient, kidnapping, abduction, extortion, coercion, rape, sexual battery, gross sexual imposition, prostitution, disseminating matter harmful to juveniles, pandering obscenity, pandering obscenity involving a minor, pandering sexually oriented matter involving a minor, illegal use of a minor in a nudity-oriented material or performance, aggravated robbery, robbery, aggravated burglary, burglary, breaking and entering, theft, unauthorized use of a vehicle, unauthorized use of property, passing bad checks, misuse of credit cards, forgery, Medicaid fraud, securing writings by deception, insurance fraud, receiving stolen property, domestic violence, illegal conveyance of weapons or other prohibited items onto the grounds of a detention or mental health or mental retardation facility, carrying concealed weapons, having weapons while under disability, improperly discharging a firearm at or into a school or house, corrupting another with drugs, aggravated trafficking, trafficking in drugs, trafficking in marijuana, drug abuse, permitting drug abuse, deception to obtain dangerous drugs, illegal processing of drug documents, and placing harmful objects in or adulterating food or confection.

**Conditional Employment**

An entity subject to the act is permitted to employ an applicant conditionally prior to obtaining a criminal records check regarding the applicant. The act requires that the entity terminate the employment if the results of the records check (1) are not obtained within 60 days after the request is made or (2) any of the listed offenses (unless the entity chooses to employ the individual pursuant to personal character standards). Termination of employment under this provision constitutes "just cause" for discharge for purposes of the laws regarding unemployment compensation if the individual lied about his or her criminal records; thus the individual terminated is not eligible for those benefits.

**Personal Character Standards**

Despite the prohibition against employment of applicants who have been convicted of or pleaded guilty to any of the listed offenses, the act permits an employer to hire an applicant who meets personal character standards. The personal character standards are to be established in rules adopted in accordance with the Administrative Procedure Act.

**Procedures for Entities Required to Have Criminal Records Checks Made**

If the applicant does NOT present proof of having been an Ohio resident for the five-year period immediately prior to the date the criminal records check is requested or does not provide evidence that within that five-year period the Superintendent has requested information from the FBI in a criminal records check, the entity must ask the Superintendent to obtain information from the FBI as part of the criminal records check. If the applicant present proof of having been an Ohio resident for the five-year period, the entity may request that the Superintendent include information from the FBI in the criminal records check.

An applicant who fails to provide the fingerprint impressions, a completed form or, in the case of a home health agency applicant, the information necessary to complete the form is barred from employment with the entity in any position for which a criminal records check is required.

**Your signature will indicate that you have read and understand.** If you do not understand, please ask for an explanation BEFORE you sign.

**Your signature will indicate that you have read and understand.**

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)

.....

Effective for all nursing students entering a pre-licensure nursing program after June 1, 2003, candidates who wish to sit for the NCLEX-PN **will be REQUIRED** to submit their fingerprints to the Bureau of Criminal Identification (BC&I) to process the BC&I Civilian fingerprint card and the FBI Applicant fingerprint card for identification and criminal background verification. Due to the processing time and to ensure that the application to test can be processed timely, it is recommended that the student submit their fingerprints at least six (6) to nine (9) months prior to completing their nursing education program.

I \_\_\_\_\_ have been informed of the restrictions to employment in healthcare related fields and I am also being made aware that I will begin the Practical Nursing Program before background checks are done and that the results of the background checks may jeopardize my standing in the program. I also understand that the list of previously mentioned offenses could keep me from being eligible to sit for the NCLEX\_PN or from being able to attend clinical experience at clinical sites.

**Your signature will indicate that you have read and understand.**

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)

APOLLO ACADEMY OF MEDICAL CAREERS  
DRUG SCREENING POLICY

Students enrolled in any Apollo Career Center Health Careers Program may be required to test negative for a 9 or 10 panel urine drug screening test prior to entering clinical practice environments. All test results, positive or negative, will be sent to the appropriate program manager. In the event of a diluted or positive result, students will not be permitted into the clinical setting. **Costs for the testing will be the responsibility of the student.**

In the event of a diluted or positive test result the student may refute the results by:

1. Providing the appropriate program manager verification of prescribed medications that may result in a positive result
2. Retest at student's own expense; and provide the results of the second test, whether negative or positive to the appropriate program manager.

If the second result is negative and not diluted, the student will be permitted in the clinical setting and as long as this meets institutional policy.

Students testing positive on the second test:

1. Will not be permitted into the clinical practice environments and may be dismissed from the program as per specific program policies.
2. The student may re-apply for admission into a program but must first provide appropriate documentation from a certified drug/alcohol counselor indicating the students' readiness to reapply to Health Careers Program along with prognosis for a full recovery.

Any instructor or manager of a Health Careers Program may request a drug screen given reasonable cause. If in the clinical setting, the clinical instructors will follow that institution's policy.

**Note:** Any student seeking admission into a Health Career Program who knowingly and intentionally attempts to provide a diluted or substitute urine specimen for testing will automatically lose their eligibility to be admitted into class or put on the roster.

Any current student enrolled in a Health Careers Program who knowingly and intentionally attempts to provide a diluted or substitute urine specimen for testing will be subject to disciplinary action which may include dismissal from the program.

**Required Drug Testing for admission**

The following is a written policy statement for Apollo School of Practical Nursing in which the program must ensure that students will provide safe and high quality nursing services while engaging in official school educational activities.

All newly accepted students will be subject to a 9 or 10 panel urine drug screening test as a part of admission into the nursing program. This test will be conducted as a part of pre-enrollment health requirements and/or within the first week(s) of school.

A positive confirmed result for the drug test shall prohibit enrollment in the school. Further, refusal to submit a drug test or any attempts to tamper with the specimen shall constitute ineligibility for enrollment.

**If you wish to discuss any part of this policy or would like to view the complete drug screening policy please contact the director of the practical nursing program.**

**I have read and understand the above:**

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**Name (please print)**

**Date**

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**Signature**



## PROGRAM REQUIREMENTS

Success as a nursing student depends on many variables. Among them are academic ability and certain technical abilities or competencies. Most nursing positions involve standing for long hours and performing activities that require mobility.

**MINIMUM ACCEPTABLE MENTAL & PHYSICAL COMPETENCIES** – the competencies listed below represent the **minimum** abilities necessary to successfully complete course and program objectives. The inability to meet these competencies may interfere with meeting course and program objectives and, therefore, may result in termination from the program.

1. Carry out procedures that prevent the spread of infection (**examples:** frequent hand washing, using mask and gloves, create and maintain sterile fields, etc.);
2. Lift and transfer patients, with appropriate assistance if needed, up to 6 inches from a stooped position, then push or pull the patient up to 3 feet;
3. Lift and transfer patients, with appropriate assistance if needed, from a stooped to an upright position to accomplish bed-to-chair and chair-to-bed transfers;
4. Physically apply adequate pressure to effectively control bleeding, or perform CPR;
5. Respond and react immediately to instruction/requests, monitor equipment, and perform auscultation (**example:** listen to a patient's heart sounds through a stethoscope and respond immediately to any noted problems);
6. Satisfactorily complete clinical laboratory experiences up to and including eight hours in length;
7. Demonstrate ability to effectively perform a variety of nursing tasks involving observation of objects and persons, depth and color perception, and paperwork;
8. Tactilely discriminate between sharp/dull and hot/cold;
9. Perform mathematical calculation for medication preparation and administration;
10. Communicate effectively and appropriately, both orally and in writing;
11. Make appropriate decisions in a timely manner when stressful situations arise;
12. Demonstrate ability to effectively perform nursing tasks using a variety of equipment.

Applicants are responsible for: determining their own eligibility in light of these competencies. Students with disabilities who enter the program do so with the understanding they will be expected to meet course requirements, with reasonable accommodation that may be provided.

Requests for reasonable accommodation will be evaluated by the faculty as they arise throughout the program. The nursing faculty may request a meeting with a student with a disability if concerns arise regarding the student's ability to provide safe and effective patient care.

**Your signature will indicate that you have read and understand.**

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(Signature of Applicant)

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(Date)

## Admission Policy

It is the policy of Apollo Career Center that education activities, employment, practices, programs, and services are offered without regard to race, color, national origin, sex, religion, age or disability.

The admission policy of the Practical Nursing Program assists the Admission Committee to select candidates who will be successful in the program.

The following is the procedure for being accepted as a candidate for the Practical Nursing Program.

1. Request an application packet. The packet contains an application, work and personal reference forms, request forms for your official high school or G.E.D. transcript, and one (1) copy of the admission policy. **These 10 pages need to be completed and processed as indicated on the enclosed instruction sheet.**
2. Submit the application and the application fee of \$30. Applications are reviewed on a first-come, first served basis. **There is NO REFUND of fees paid in the admission procedure.**
3. Request an **OFFICIAL** copy of your high school or equivalency transcript to be mailed here. Those in high school at the time of acceptance are tentatively accepted pending receipt and review of the final high school transcript. We must have this official document for your file to be a student in clinicals.
4. Required references: Two (2) positive personal references from persons **NOT RELATED** to the applicant and one (1) positive work reference from the current or most recent employer are required. **The Applicant gives the REFERENCE REQUEST to their Reference (with stamped, addressed envelope) who mails it to Apollo School of Practical Nursing. References will not be accepted from the Applicant. The Applicant does NOT have the right to review these confidential Materials. Do not use the same person for multiple references. All references must have positive comments.**
5. Applicants must take one Nurse Entrance Test: LPN HESI Test. There is a \$50 fee for the HESI test. Areas of testing are essential math skills, reading comprehension, and grammar skills. If the applicant is unsuccessful with the HESI test after two attempts, documentation of successful remedial work must be submitted from your instructor to our office before the third and final test can be scheduled. **(There is a \$50 fee for each test date but PRICES MAY INCREASE WITHOUT FURTHER NOTICE.)**

### **Criteria for Being Scheduled for the Nurse Entrance Test:**

When ALL of the following items have been submitted to Apollo, you will be notified of a test date:

Application + Application fee (\$30)

Official High School Transcript or Transcript of Equivalency

2 **Positive** Personal References

1 **Positive** Work Reference—must have comments; so if laid off: ask if office or coworker will complete this section.

● **Do NOT have same person fill out personal AND work—must be 3 different people & NO RELATIVES**

1 Signed copy of Admission Policy (a copy will be retained to you.)

**Applicants who miss the pre-entrance test when scheduled, must call to reschedule. Entrance test is generally only given once a month. Applications are held for up to 3 years from date of receipt. If your file is placed inactive, you must call to reactivate your file within those three years.**

Once above criteria to include passing the HESI exam is met, a date will be scheduled for an admission interview and possible acceptance letter.

6. Prior to the interview, the applicant is required to take the Assessment Test at Apollo Career Center. Assessment MUST show aptitude for nursing. This Assessment must be completed prior to acceptance for the Practical Nursing Program.
7. The applicant is informed in writing of the decision of the Admission Committee. The decision is based on high school grades or equivalency scores, positive references, interview, and Assessment Test.
8. The applicant is required to take a Professional Development class prior to starting school.
9. The applicant is required to have a physical examination, at his/her own expense, prior to starting the Practical Nursing Program. Included will be required diagnostic screening, as well as proof of immunity to identified communicable disease.
10. The applicant is required to have basic computer knowledge prior to starting the Practical Nursing Program.
11. The applicant is required to be currently certified in Basic Cardiac Life Support (Health Care Provider CPR= **Must Be through American Heart Association ONLY**) prior to starting the Practical Nursing Program.
12. Refer to the Special Admissions Policy for provisions in granting advance credit for predetermined classes.

I, \_\_\_\_\_, have read and understand what is required of me to become a candidate for the Practical Nursing Program.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Practical Nursing Director)

\_\_\_\_\_  
(Date)

.....

I, \_\_\_\_\_, hereby give the Faculty of Apollo Career Center permission to review my application materials for the purpose of determining my acceptability as a candidate for Practical Nursing Program.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)

Applicant: please fill out information and give to high school and SCHOOL needs to MAIL this to:  
**Apollo Career Center Apollo School of Practical Nursing 3325 Shawnee Road Lima, OH 45806-1454**

**Request for High School Transcript**

Please send an OFFICIAL TRANSCRIPT FROM your high school to:

Apollo Career Center  
Practical Nursing Program  
3325 Shawnee Road  
Lima, OH 45806-1454

For:

Applicant's Name \_\_\_\_\_

Year of Graduation \_\_\_\_\_

Name at Time of Graduation \_\_\_\_\_

School from which graduated: \_\_\_\_\_

Last 4 digits of your social security number: \_\_\_\_\_

Birthday: \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Phone #)

\_\_\_\_\_  
(Date)

Applicant: please fill out top box and give to reference people= Keep CONFIDENTIAL from Applicant. References need to MAIL this to:  
**Apollo Career Center Apollo School of Practical Nursing 3325 Shawnee Road Lima, OH 45806-1454**  
**WORK REFERENCE**

I, \_\_\_\_\_, give my permission to the business/institution/person identified below as a work reference to provide information to Apollo Career Center. I further realize that any information will remain confidential between the school and the party giving the information.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Name of Business/Institution: \_\_\_\_\_

Mailing Address \_\_\_\_\_

.....  
The above mention person has identified the above business or institution as a work reference. We would appreciate your assistance in helping us determine acceptability for the practical nursing program.

Employed as \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
(Position)

Reason for leaving (if not presently employed) \_\_\_\_\_

Personal appearance: \_\_\_\_\_

Work Attitudes: \_\_\_\_\_

Physical & Emotional health: \_\_\_\_\_

Punctuality & Reliability: \_\_\_\_\_

If given the opportunity, would you re-hire this individual?      YES                      NO

Signature: \_\_\_\_\_

Position: \_\_\_\_\_ Phone #: \_\_\_\_\_

Additional Comments:

Applicant: please fill out top box and give to reference people= Keep CONFIDENTIAL from Applicant. References need to MAIL this to:  
**Apollo Career Center Apollo School of Practical Nursing 3325 Shawnee Road Lima, OH 45806-1454**

**PERSONAL REFERENCE**

I, \_\_\_\_\_, give my permission to the person identified below to provide information to Apollo Career Center. I further realize that any information will remain confidential between the school and the party giving the information.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Name of Personal Reference: \_\_\_\_\_

Address \_\_\_\_\_  
(Number / Street / PO Box/ or RR) (City) (State) (Zip)

.....  
The following information will be used to determine acceptability for the practical nursing program. Your assistance is appreciated.

How would you rate the individual on the following traits?

	Excellent	Good	Fair	Poor
Cooperation				
Tact				
Dependable				
Punctual				
Honesty				
Integrity				
Initiative				
Perseverance				
Tolerance				
Poise				
Character				

Does he/she like to work with people? YES NO

How long have you known this person? \_\_\_\_\_

In what capacity have you known this person? \_\_\_\_\_

Signature: \_\_\_\_\_ Phone #: \_\_\_\_\_ Date \_\_\_\_\_

Additional Comments:

Applicant: please fill out top box and give to reference people=Keep CONFIDENTIAL from Applicant. References need to MAIL this to:  
**Apollo Career Center Apollo School of Practical Nursing 3325 Shawnee Road Lima, OH 45806-1454**

**PERSONAL REFERENCE**

I, \_\_\_\_\_, give my permission to the person identified below to provide information to Apollo Career Center. I further realize that any information will remain confidential between the school and the party giving the information.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Name of Personal Reference: \_\_\_\_\_

Address \_\_\_\_\_  
(Number / Street / PO Box/ or RR) (City) (State) (Zip)

.....  
The following information will be used to determine acceptability for the practical nursing program. Your assistance is appreciated.

How would you rate the individual on the following traits?

	Excellent	Good	Fair	Poor
Cooperation				
Tact				
Dependable				
Punctual				
Honesty				
Integrity				
Initiative				
Perseverance				
Tolerance				
Poise				
Character				

Does he/she like to work with people? YES NO

How long have you known this person? \_\_\_\_\_

In what capacity have you known this person? \_\_\_\_\_

Signature: \_\_\_\_\_ Phone #: \_\_\_\_\_ Date \_\_\_\_\_

Additional Comments: