



Ohio Institute of Allied Health

School of Integrative Health Care

Dear Prospective Student,

I am very proud to invite you to apply to the Ohio Institute of Allied Health (OIAH). Our programs span from 3 weeks to 18 months and include several growing healthcare career options. Not only are our programs designed to prepare you for state and national healthcare licenses, but also to provide you with a solid foundation of medical and holistic principles.

Enclosed you will find the application, a checklist and many helpful forms. Prospective nursing, medial assisting, massage therapy and holistic health practitioner students are required to fill out this application. The fastest way to complete your application is with an enrollment specialist. Schedule your visit today by calling 937-237-1010. STNA, PCT and GXMO applicants use a different application.

The Ohio Institute is an amazing place; our small class sizes offer individual attention, our students are well prepared to enter the healthcare field, and our faculty have many years of experience in education, along with practical experience in industry. All our instructors maintain cutting-edge knowledge in their field. We are all dedicated to making **you** another OIAH success story. Once you're in healthcare, you're always in demand.

We look forward to meeting you!

Sincerely,

The Enrollment Team



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OIAH Application

FAFSA Application - use school code: 035833

Placement Testing

Helpful Hints: Free tutoring and study guide rentals are available!

- If you would like to be a **Registered Nurse**: ATI PN Comp Predictor Testing Fee – \$52.00 by Credit or Debit Card to testing company on your test date.
- If you would like to be a **Practical Nurse**: ATI Test of Essential Academic Skills (TEAS) Testing Fee – \$55.00 by Credit or Debit Card to testing company on your test date.
- If you are applying to **Massage Therapy, Medical Assisting or Holistic Health Practitioner**: College Readiness Exam at no cost to you!

Drug Screen (9 Panel Rapid Drug Screen or better)

Helpful Hints: You may go to any agency you choose – or complete it here at OIAH!

BCI and FBI Background Check

Helpful Hints: OIAH and our clinical sites require both the BCI *and* FBI background check. You may go to any agency you choose – or complete it here at OIAH!

We may be able to accept a copy.*

- RN and PN applicants, use **Ohio Revised Code: 4723-09**
- MA and MT applicants, use **Volunteer Children's Act**

Student Consumer Info Certificate

Helpful Hints: **Use Google Chrome only.** Complete this form at home prior to testing. This will help you get the most out of your testing day appointment. The State Board of Career Colleges and Schools requires all applicants to complete this mini-course online, and it cost \$25.

Official High School Transcript

Helpful Hints: Please send OIAH an official copy of your high school transcript

All students are required to obtain an **official** copy of their high school transcript. Many transcripts are available through parchment.com. Contact your high school for further instructions.

Official College Transcript, if you plan to transfer credits

Helpful Hints: Prospective Registered Nursing students are required to submit an **official** copy of their PN college transcript. Transfer credit evaluations will only be completed after OIAH has received an official transcript for the respective college. Many transcripts are available through parchment.com. Contact your college for further instructions.

Letters of Recommendation

Helpful Hints: Letters can be from a Pastor, Mentor, Teacher or Supervisor. Letters cannot be from family members, even if they work in the field.

Program Enrollment Agreement

***see admissions policies for more details and exceptions**

6245 Old Troy Pike, Huber Heights, OH 45424 www.oiah.edu; Phone: 937-237-2010 Fax: 937-237-0506

Oh. Reg. # 10-03-1924T OIAH admits students of any race, color, sex, and national or ethnic origin. OIAH is a non-profit 501c3 organization.

Revised:05/04/17



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GENERAL ADMISSION POLICIES FOR ENROLLMENT

The programs offered are designed to prepare an individual for employment in their field of study. Prospective students are invited to visit the school to discuss their needs, goals and objectives with an Admissions Representative.

Non-Discrimination – OIAH is open to all students without regard to race, color, religion, age, sex, creed, origin, sexual orientation, disability or marital status.

To be eligible for admission, an applicant must be able to read and write English, and the student must meet the following requirements:

1. Prospective students must submit a completed application to attend OIAH along with a \$55 application fee. The application can be obtained either through the website www.oiah.edu or by visiting the school and obtaining it through the Admissions office.
2. All programs require that the student be a high school graduate and as such, prospective students must supply the Admissions office with an official high school transcript or official GED certificate. (Note: The high school diploma or transcript requirement can also be from a foreign school if it is equivalent to a US high school diploma; Documentation of proof of completion of secondary education from a foreign country must be officially translated into English and officially certified as the equivalent of high school completion in the United States.)
3. OIAH will accept applicants who have a recognized equivalent of High School Diploma such as a home-schooled certificate by the state where the student resided during home school. The student must have completed homeschooling at the secondary level as defined by state law. Due to the passage of Consolidated Appropriations Act of 2012, students who do not have a high school diploma or equivalent and did not complete secondary school in a home-school setting can no longer gain eligibility for Title IV, HEA funds by passing an “ability-to-benefit” test.
4. Initial Registration – All applicants must have an initial interview with an Admissions Representative. All applicants must provide a valid driver’s license, state ID with photo, or valid passport and a verifiable Social Security Number. All applicants must be able to speak, read, and write fluently in English (all classes are taught in English) and provide documentation of eligibility to work in the United States.
5. Accepted applicants must pay the required registration fee and register for class within 30 days after enrollment date. Failure to do so will result in cancellation of accepted application and requires reapplication process and fee.
6. Acceptance into OIAH Programs – The Admissions Committee reserves the unconditional right to grant or deny admissions.
7. OIAH does not at this time have any programs which accept Ability-to-Benefit students and does not offer a Comprehensive Transition Postsecondary Program.
8. Disabled Applicants – Due to the nature of the vocational training programs, disabled students (mental and physical) must be evaluated for their ability to benefit from the training. Disabled students who are deemed to be unable to benefit from the training will be encouraged to seek other career paths.

OIAH complies with the Americans with Disabilities Act of 1990 and is wheelchair accessible. The facility is equipped with ramp access from the parking lot, extra wide hallways and doors, A.D.A. required door handles and a restroom to accommodate disabled students.

If you are interested in attending the School but are in need of reasonable accommodations, you should schedule an appointment with the Director. At this meeting, we will discuss the nature of the reported disability and its impact on learning. We will also discuss the process of receiving reasonable accommodations at OIAH, and the types of accommodations available.

Please bring copies of current documentation of a disability to this meeting. Documentation must be provided by a medical expert within the last three years and include:

- a diagnosis of the disability;
- how the diagnosis was determined (what tests were given and the results); and
- A clinical summary, which includes an assessment of how the disability will impact the individual in a college environment and what accommodations are recommended.

Upon completion of the initial meeting, a formal request for the accommodation must be submitted in writing to the school. The initial meeting, formal request, and response from the school must take place prior to the pre-enrollment process.

Note: In order to be eligible for Title IV, HEA funding, you must be able to benefit with the reasonable accommodations.

Financial Arrangements:

*Students may not be accepted for enrollment if they cannot prove credit worthiness. Please see “Method and Terms of Payment”.

The student must make financial arrangements with the Financial Aid Office in regards to FAFSA application, Scholarships and/or Cash payment plan prior to enrolling.



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Prior to admission the prospective student is given an enrollment agreement form, an interview with a school official and is given a pre-enrollment questionnaire packet, which they are required to read, understand and sign. The interview will elaborate on course description, the career opportunities and the physical demands of the job, OIAH requirements and the requirements of the governing body for the program in which the student is enrolling.

An explanation on attendance and academic requirement will be given to the prospective student and how those requirements can affect the student's satisfactory performance requirements. The prospective student will be informed that attendance hours may be withheld for non-payment of tuition.

A staff member or instructor will give the prospective student a tour of the school facilities. Any questions from the prospective student will be answered truthfully, promptly and in sufficient detail to eliminate confusion.

Transfer Students

The Ohio Institute of Allied Health accepts transfer credit for any programs only at the discretion of the Program Coordinator with the approval of the School Director. A student may be permitted to "Test Out" of a course previously taken but not eligible for transfer only at the discretion of the Program Coordinator with the approval of the School Director. Transfer credit policies include the following requirements:

1. All credit must be earned at an accredited college or university (community and junior colleges are included).
2. College general education requirements may be fulfilled by transfer credit.
3. Liberal arts core requirements may be fulfilled by transfer credit.
4. Credit will be granted only for a grade of "B" or better.
5. Approval of all courses are based on an official transcript and if necessary course syllabi, outlines, and descriptions, provided by the student.
6. No more than 20% of the previous educational hours will be considered for transfer. The student must complete at least 80% of quarter hours at OIAH to fulfill graduation requirements.
7. Online courses which are considered as regular courses in a degree program at a regionally accredited institution are acceptable at OIAH. Regular courses are those which are numbered according to the institution's official numbering system for courses which satisfy degree requirements.
8. Credit from a foreign institution of higher education will be evaluated on a case by case basis.
9. Credit earned through military or non-traditional programs that have been evaluated by the American Council on Education and declared to be the equivalent of lower or upper division credit, will be transferred according to the A.C.E. recommendations. However, because only satisfactory grades are awarded, the credit will not affect the grade point average.
10. Quarter hours will be multiplied by 2/3 to determine the equivalent number of semester hour credits.
11. Transfer courses accepted will be included in the cumulative credits earned but neither grades nor grade points earned at other institutions will be used in the computation of the OIAH grade point average.
12. Dual credit earned while in high school will be accepted for credit at OIAH.
13. No courses over 5 years old will be accepted for credit at OIAH.

Note: All hours attempted will count toward the Title IV, HEA funding 150% quantitative requirements not just the hours that were accepted as transfer hours.

Admission Orientation

All students are required to attend an orientation meeting. Orientation will familiarize new students with OIAH policies and procedures.

Topics include but are not limited to:

- Program expectations
- Student services
- Attendance policies
- Clinical training policies
- Time management policies
- Grading scale policy
- Student safety and evacuation policies and procedures

How Eligibility is determined for TITLE IV, HEA

To receive Federal Student Aid, you will need to:

1. Qualify to obtain a college or career school education, either by having a high school diploma or General Educational Development (GED) certificate, or by completing a high school education in a homeschool setting approved under state law.
2. Be enrolled or accepted for enrollment as a **regular student** in an eligible degree or certificate program.
3. Be registered with Selective Service, if you are a male (you must register between the ages of 18 and 25).
Men exempted from the requirement to register include;

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- Males currently in the armed services and on active duty (this exception does not apply to members of the Reserve and National Guard who are not on active duty);
 - Males who are not yet 18 at the time that they complete their application (an update is not required during the year, even if a student turns 18 after completing the application);
 - Males born before 1960;
 - Citizens of the Republic of Palau, the Republic of the Marshall Islands, or the Federated States of Micronesia*;
 - Noncitizens that first entered the U.S. as lawful non-immigrants on a valid visa and remained in the U.S. on the terms of that visa until after they turned 26.
4. Have a valid Social Security number unless you are from the Republic of the Marshall Islands, Federated States of Micronesia, or the Republic of Palau.
 5. Completed a FAFSA and the school must have a current ISIR to start the initial eligibility process.
 6. Sign certifying statements on the **FAFSA** stating that:
 - you are not in **default** on a **federal student loan**
 - do not owe a refund on a **federal grant**
 - Sign the required statement that you will use federal student aid only for educational purposes
 7. Maintain **satisfactory academic progress (SAP)** while you are attending college or a career school.
 8. Be enrolled at least halftime to receive assistance from the Direct Loan Program.
 9. The Pell Grant program does not require half time enrollment, but the student enrollment status does affect the amount of Pell a student may receive. A student may receive Pell for a total of 12 payment periods or 600%. Once the student has reached this limit, no further Pell may be received.

In addition, you must meet one of the following:

1. Be a U.S. CITIZEN or U.S. NATIONAL
2. You are a U.S. citizen if you were born in the United States or certain U.S. territories, if you were born abroad to parents who are U.S. citizens, or if you have obtained citizenship status through naturalization. If you were born in American Samoa or Swains Island, then you are a U.S. national.
3. Have a GREEN CARD
4. You are eligible if you have a Form I-551, I-151, or I-551C, also known as a green card, showing you are a U.S. permanent resident.
5. Have an ARRIVAL-DEPARTURE RECORD
6. You're Arrival-Departure Record (I-94) from U.S. Citizenship and Immigration Services must show one of the following:
7. Refugee
8. Asylum Granted
9. Cuban-Haitian Entrant (Status Pending)
10. Conditional Entrant (valid only if issued before April 1, 1980)
11. Parolee
12. Have BATTERED IMMIGRANT STATUS
13. You are designated as a "battered immigrant-qualified alien" if you are a victim of abuse by your citizen or permanent resident spouse, or you are the child of a person designated as such under the Violence Against Women Act.
14. Have a T-VISA
15. You are eligible if you have a T-visa or a parent with a T-1 visa.

Veterans Benefits/Other Funding Sources

Selected programs of study at OIAH are approved by the Veterans Affairs for enrollment of those eligible to receive benefits under Section 3676, Chapters 30 or 32, Title 38. The determination for VA funds is made directly through the department of Veteran's Affairs. Additional funding may be obtained for eligible candidates through many different programs including; Arkansas Department of Workforce Services, Central Arkansas Planning and Development and Arkansas Rehabilitative Services (ARS). The determinations for these funds are made through the respective organizations.

Incarcerated Applicants

A student is considered to be incarcerated if she/he is serving a criminal sentence in a federal, state, or local penitentiary, prison, jail, reformatory, work farm, or similar correctional institution (whether it is operated by the government or a contractor). A student is not considered to be incarcerated if she/he is in a halfway house or home detention or is sentenced to serve only weekends. Our attendance policy specifies that all classed and practical studies are done at the school's physical location; therefore, incarcerated students are not eligible for admissions.

Conviction for possession or sale of illegal drugs

- A Federal or state drug conviction can disqualify a student for FSA funds. The student self-certifies in applying for aid that he/she is eligible for by using the FAFSA. The School is not required to confirm this unless there is evidence of conflicting information.

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- The chart below illustrates the period of ineligibility for FSA funds, depending on whether the conviction was for sale or possession and whether the student had previous offenses. (A conviction for the sale of drugs includes conviction for conspiring to sell drugs)

	Possession of illegal drugs	Sale of illegal drug
1st	1 year from date of conviction	2 year from date of conviction
2nd	2 year from date of conviction	Indefinite period
3+	Indefinite period	

- If a student was convicted of both possessing and selling illegal drugs, and the periods of ineligibility are different the student will be ineligible for the longer period
- A student regains eligibility the day after the period of ineligible ends or when he/she successfully completes a qualified drug rehabilitation program. Further drug conviction will make him/her ineligible again.
- When a student regains eligibility during the award year, the institute may award Pell and/or Loan for the current payment period.
- A qualified drug rehabilitation program must include at least two unannounced drug tests and must satisfy at least one of the following requirements:
 - Be qualified to receive funds directly or indirectly from a federal, state or local government program.
 - Be qualified to receive payment directly or indirectly from a federally or state-licensed insurance company.
 - Be administered or recognized by federal, state or local government agency or court.
 - Be administered or recognized by a federally or state-licensed hospital, health clinic or medical doctor.

Upon receipt of all required documents and in good order, the prospective student is eligible to enroll in the school. When all admissions criteria and requirements are met, the prospective student is given the date of the next class. The prospective student is asked to bring their Student Permit Fee, if applicable, a color photo of themselves and is informed of the appropriate dress code. The first day of class will include financial aid and academic orientation, in which the students will sign their enrollment contract, student permit form and additional required paperwork.

Federal Financial Aid

To be considered for Federal Financial Aid, a student must complete the Free Application for Federal Aid on line. The student and the parent (in the case of a dependent student) may sign the FAFSA on line by using a PIN number. Once the student completes the FAFSA, and it is processed by the government, the school will receive an ISIR which will contain the Estimated Family Contribution and let the student know if he/she is selected for verification.

Verification

Each year at least 30% of financial aid recipients are randomly selected for verification by the U.S. Department of Education. If a student is selected for federal verification, they will be asked to complete a Verification Worksheet (provided by the Office of Financial Aid) and must provide additional information before financial aid can be disbursed to the student account. This documentation may include but is not limited to federal income tax transcript and W-2 forms (student's, spouse and/or parents/guardians), proof of untaxed income, housing allowances, etc.

Students will be notified in writing of all documents required to fulfill this federal requirement. If after review by the Office of Financial Aid, there are any changes to the Estimated Family Contribution and possibly the financial aid available, the student will be notified by email or in writing.

CONTACT INFORMATION FOR ASSISTANCE IN OBTAINING INSTITUTIONAL OR FINANCIAL AID INFORMATION

Disclosure Requirement: Made available through appropriate publications, mailings, or electronic media.

Each institution must make available to prospective and enrolled students information regarding how and where to contact individuals designated to assist enrolled or prospective students in obtaining the institutional or financial aid information required to be disclosed under HEA Sec. 485(a). This information is posted at www.oiah.edu and can be found in the student catalog. Paper copies are available upon request.

By signing, I am acknowledging that I have reviewed and agree to comply with all general admission policies as stated above.

Student Signature: _____ Date: _____



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Applicant Information

****It is the applicant's or student's responsibility to contact the school, if your contact information changes.****

If you are interested in STNA, PCT or GMXO, you are not required to fill out this application. Please call for more info 937.237.1010

TO WHICH PROGRAM ARE YOU APPLYING?

Practical Nursing
 Registered Nursing
 Massage Therapy
 Medical Assisting
 Holistic Health

NAME (Last, First, Middle I)				PREFERRED NAME		MAIDEN OR FORMER NAME	
SOCIAL SECURITY NUMBER				DATE OF BIRTH		GENDER (please circle)	
STREET ADDRESS				CITY, STATE, ZIP		MALE FEMALE	
TELEPHONE (HOME)		TELEPHONE (WORK)		CELL PHONE		E-MAIL ADDRESS	
MARITAL STATUS <input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE		U.S. CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Resident Alien Visa Type:		ETHNIC HERITAGE (optional) <input type="checkbox"/> African American/black <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian <input type="checkbox"/> Caucasian/White		HAVE YOU EVER BEEN CONVICTED OF A FELONY? <input type="checkbox"/> No <input type="checkbox"/> Yes	

HealthCare Worker License

STNA _____
License Number *State* *Expiration Date*

LPN _____
License Number *State* *Expiration Date*

CPR _____
Company of Certification (Must be CPR for Health Care Providers, Infants, Child & Adult) *Expiration Date*

Other _____

Background Information: Have you ever been arrested or convicted for any crime (unless it was expunged)?

Yes NO If Yes, please explain: _____



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Academic History

****In order to complete your application, an *official* copy of your transcript(s) must be on file with OIAH****

Please fill in the following info about your high school or GED. Graduation (MM/YYYY) _____

GED City _____ State _____ Year _____

High School: _____ City _____ State _____

Previously attended OIAH? _____ Name when attended _____
(Program and Dates Attended)

Have you ever been dismissed, disciplined or placed on probation from a college or university? (If yes, please explain.)

Please list all colleges and universities you have attended.

School Name _____ City _____ State _____

Degree/Major _____ Dates Attended _____ to _____ Graduated Yes/No

School Name _____ City _____ State _____

Degree/Major _____ Dates Attended _____ to _____ Graduated Yes/No

If you previously attended a similar program but did not complete, please indicate the reason for leaving.

Employment History

List your current job followed by any job you have held for six months or longer within the last five years.

Employer _____ Supervisor _____

Job Title _____ Phone (_____) _____ Dates Employed _____ to _____

Responsibilities _____

Employer _____ Supervisor _____

Job Title _____ Phone (_____) _____ Dates Employed _____ to _____

Responsibilities _____

Employer _____ Supervisor _____

Job Title _____ Phone (_____) _____ Dates Employed _____ to _____

Responsibilities _____



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**EMERGENCY
INFORMATION
FORM**

Student Name _____

Address _____
Street City State Zip

Emergency Contact Information

Spouse Name (if applicable) _____

Phone (____) _____ (____) _____ (____) _____
Home Cell Work

Address _____
Street City State Zip

Alternate Contact _____ Relationship _____

Phone (____) _____ (____) _____ (____) _____
Home Cell Work

Address _____
Street City State Zip

Your Physician: _____ Phone (____) _____

If your physician is not available, may another one be called? (Please circle one) YES NO

Preferred Hospital: _____

Do You Have Any Allergies? _____

Other Necessary Information:



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Admissions

Questions

Name _____

Please answer the following questions. You may use this page and write in your answers or type your answers on a separate page. Please limit your answers to 250 words or less.

1. Why do you want to attend the Ohio Institute of Allied Health? Give specific examples about OIAH in your answer.

2. Why do you want become a RN/PN/MA/MT?

3. What does the term "holistic health" mean to you? You may look up and cite any source you used.

4. Discuss your career goals in the next year? In the next five years?



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Scholarship
Information

Name _____

Ohio Institute of Allied Health, Inc. (OIAH) offers scholarships and grants in compliance with the State of Ohio, Board of Career Colleges and Schools. Essays will be reviewed by a scholarship/grant committee. In the case of a tie, applicants will be contacted for an interview to determine final awardees. The committee can issue up to 2 scholarships per quarter and 3 grants per each quarter. Scholarships and grants are at the discretion of the Medical Director and Board of Directors, and as such, are not guaranteed to be offered each quarter. The decision of the committee is final.

For New Students: OIAH Educational Opportunity Scholarship

Essay Requirements

Essays must be typed. Spelling and grammar are considered in the evaluation process. In a 450-550 word essay please answer both of the following questions:

1. Describe your professional goals and how education at OIAH will help meet these goals.
2. Detail how a scholarship will be a benefit in relation to your financial needs.

Other Requirements

- Application (See Financial Aid Department)
- 15 verified hours of community service or volunteering
- 3 letters of professional recommendation - Letters of recommendation cannot be from family or friends.

Rules: If a student completes a diploma program and begins another they are permitted to apply for a scholarship for the new program as long as they have received the diploma from the first and are in good financial standing. If a scholarship is not granted to a new student they are welcome to apply for a grant after they complete 1 full quarter and receive their grade card – grant rules and regulations apply. The Ohio Institute of Allied Health Educational Opportunity Scholarship has a value of \$2000.00. No more than \$1,000 may be applied per quarter for full-time attendance; no more than \$500 may be applied per quarter for part-time attendance. In keeping with the above guidelines if \$2000 is awarded, \$500 will be awarded per quarter for full time students and \$250 per quarter for part-time students. This award will be posted to the student's ledger after the completion of each quarter, providing the student has grades which will allow advancement to the next quarter. If a student fails to complete any quarter and withdraws, they forfeit any remaining scholarship amount still to be awarded. If said student then reapplies to the program or another program at OIAH, they will have to reapply for the scholarship. The scholarship is not a cash award and cannot be refunded to a withdrawing student.

I understand submission of a scholarship application does **not** guarantee an award.

Prospective Student Signature: _____ Date: _____



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**Professional
Recommendations**

Name _____

Registered Nursing (requires 3 recommendations)

Practical Nursing **Massage Therapy** **Medical Assisting (require 2 recommendations)**

Applicant: Please fill in your name and program above. The following page must be completed by someone who knows you well and is at least 21 years of age. Recommendations from family members are not accepted. OIAH accepts recommendations on this form only.

Reference: Please answer the following questions. You may use an additional page, if necessary. You may return the recommendation by fax (937) 237-0506 or in a sealed envelope. Use your signature across the seal as proof of confidentiality. Keep a copy for your records.

REFERENCE NAME:			
ADDRESS:	CITY:	STATE:	ZIP:
PHONE:	PHONE:		
HOW LONG HAVE YOU KNOWN THE APPLICANT?			
IN WHAT CAPACITY?			
IN YOUR OPINION, IS THE APPLICANT QUALIFIED FOR ADMISSION INTO THIS PROGRAM? <input type="checkbox"/> YES <input type="checkbox"/> NO			

Please rank the applicant's soft skills compared to their peers on a scale of 1-5, where 1 is significant below their peers, 2 is below their peers, 3 is average ability, 4 is above their peers and 5 is significantly above their peers.

	1	2	3	4	5	UNKNOWN
Ability to empathize	<input type="checkbox"/>					
Ability to interact with clients/patients	<input type="checkbox"/>					
Ability to communicate with co-workers	<input type="checkbox"/>					
Ability to work in stressful situations	<input type="checkbox"/>					
Ability to be a team player	<input type="checkbox"/>					
Time management ability	<input type="checkbox"/>					

What qualities do you feel the applicant possesses that would make him or her a professional allied health provider?

In what areas do you feel that the applicant could use improvement? Sighting no areas for improvement detracts from the credibility of this recommendation.

Please note any additional comment on the back or a separate page. By signing I acknowledge that this recommendation is true to the best of my knowledge and was kept confidential from the applicant.

Signature: _____

Date: _____



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**Professional
Recommendations**

Name _____

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Applicant: Please fill in your name and program above. The following page must be completed by someone who knows you well and is at least 21 years of age. Recommendations from family members are not accepted. OIAH accepts recommendations on this form only.

Reference: Please answer the following questions. You may use an additional page, if necessary. You may return the recommendation by fax (937) 237-0506 or in a sealed envelope. Use your signature across the seal as proof of confidentiality. Keep a copy for your records.

REFERENCE NAME:			
ADDRESS:	CITY:	STATE:	ZIP:
PHONE:	PHONE:		
HOW LONG HAVE YOU KNOWN THE APPLICANT?			
IN WHAT CAPACITY?			
IN YOUR OPINION, IS THE APPLICANT QUALIFIED FOR ADMISSION INTO THIS PROGRAM? <input type="checkbox"/> YES <input type="checkbox"/> NO			

Please rank the applicant's soft skills compared to their peers on a scale of 1-5, where 1 is significant below their peers, 2 is below their peers, 3 is average ability, 4 is above their peers and 5 is significantly above their peers.

	1	2	3	4	5	UNKNOWN
Ability to empathize	<input type="checkbox"/>					
Ability to interact with clients/patients	<input type="checkbox"/>					
Ability to communicate with co-workers	<input type="checkbox"/>					
Ability to work in stressful situations	<input type="checkbox"/>					
Ability to be a team player	<input type="checkbox"/>					
Time management ability	<input type="checkbox"/>					

What qualities do you feel the applicant possesses that would make him or her a professional allied health provider?

In what areas do you feel that the applicant could use improvement? Sighting no areas for improvement detracts from the creditability of this recommendation.

Please note any additional comment on the back or a separate page. By signing I acknowledge that this recommendation is true to the best of my knowledge and was kept confidential from the applicant.

Signature: _____

Date: _____