



Required Items

CNA & CNAplus®

- Scrubs (Red Scrubs to be worn during class and at clinical facilities)
- White shoes (must be 90% white, can be athletic)
- TB test
- Watch with a second hand

Phlebotomy

- Scrubs (Black Scrubs to be worn during class)
- Leather Shoes

Construction

- T-Shirt
- Tetanus Shot
- Tool bag
- Residential Builder Code Book

DRM ILC Provides

- Program Book and other required written materials
- Backpack
- Name Tag
- Tool bag (Construction Only)
- Gait Belt, Blood pressure cuff, Stethoscope (Healthcare Only)
- TB shot
- CPR Training*

*Services available through DRM International Learning Center

For additional questions, please refer to the website at www.drnilc.com or call us at (517) 882-3544.

Application For Admission

Please use black or blue ink to complete this application.

Program Selection (please select one)

- Certified Nurse Assistant Phlebotomy CNA & Pheb combo CNAplus®
 Residential Builder's Carpentry & Drywall Construction Combo

Scrub/T-Shirt Selection (please select one)

- XXS XS S M L XL 2XL 3XL 4XL 5XL

Last Name _____ First Name _____

Other Names Used (e.g. maiden name) _____

Street Address _____ County _____

City _____ State _____ Zip _____

Email Address _____

Primary Phone Number (Please check one) Home Cell Business

(____) _____

Alternate Phone Number (Please check one) Home Cell Business

(____) _____

Social Security Number _____ Date of Birth _____

For DRM ILC to properly verify your address, please present your driver's license, a Michigan ID card, or a voter registration card with your application.

Person to notify in case of an emergency _____

Relation _____ Phone Number _____

How did you hear about our school? _____

Refund Policy

An application fee of not more than \$35.00 and other administrative fees- may be retained by DRM International Learning Center, if the application is denied. Requests for refunds and withdrawals must be made in person in writing. Approved refunds shall be returned within 30 business days. DRM International Learning Center performs background checks prior to acceptance. As a result of a prospective employer's own policies and procedures the prospective employer of students seeking employment may conduct further checks outside/in addition to what DRM International Learning Center uses. A refund from DRM is not applicable if the prospective employer retrieves information that prohibits the student from being employed. All requests for a tuition REFUND must be made in person and in writing (receipt of request need to be acknowledged by staff) one week prior to start of class. Students who start the training and choose to withdraw for any reason are not eligible for refund (option to attend training at a later date can be discussed). Students who are recessed and/or suspended due to failing to meet the state required grading criteria (75% or above on each test/quiz/assignment) will not be awarded a refund. This policy is applicable to all courses; therefore the refund policy is the same. Delays may occur in processing if an enrollee has not provided the school with a current address.

Note: Refunds typically take up to 30 business days to process (does not include postal shipping times).

DRM International Learning Center does not discriminate in its educational programs, activities, admissions, or employment on the basis of race, color, sex, national origin, handicap, sexual orientation, age, political affiliation, or beliefs as required by Title VI of the Higher Education Amendments, Title IX of the Civil Rights Act, Section 504 of the Rehabilitation Act. Questions concerning DRM ILC's non-discrimination policies may be addressed to the Office of Admissions, 517-882-3544.

Have you ever been convicted of a crime, misdemeanor, or felony? No Yes

If yes, please explain. _____

Gender Male Female

Ethnic Background (optional)

- East Asian or Pacific Islander
- Central Asian or Middle Eastern
- Black, non-Hispanic
- Hispanic or Latin American
- Native American or Alaskan Native
- Mixed (2 or more)
- White, non-Hispanic

Citizenship Status

- US Citizen
- Permanent Resident or Resident Alien
(provide Alien Registration Card, form I-551)
- Refugee or Asylum Status
(provide proof of status from USCIS)

When I first attend classes at DRM ILC, my education level will be:

- Still attending high school (requires high school signature below)
- High school graduate or GED
- Currently in College (Name of College) _____
- Associate degree or less (not currently in college)
- More than 2 years, but less than a 4-year degree (not currently in college)
- 4-year college graduate
- More than 4 years of college

Current/Last high school attended

_____ State _____

Year you received or expect to receive your High school diploma or GED _____

If your tuition is being funded by any Michigan Works! Program, please complete the following:

Michigan Works Case Worker: _____ Phone: _____

I certify that all answers given to questions in this application are correct and complete, and agree to abide by the regulations of DRM ILC.

Applicant's signature **Date**

Parent's signature (required if applicant is under age 18) Date

High School Counselor or Principal's signature (required if attending during high school)



Student Materials Acknowledgement

Student Name _____ Date _____

I have received a Registration Packet that included the following documents:

- DRM International Learning Center Catalog
- List of items I am required to bring to class

Student Signature _____ Date _____

DRM ILC Authorized Signature _____ Date _____

Physical Competence

By signing this I acknowledge that I am physically capable of performing tasks and skills required in lab that may include but not limited to: bending, lifting, turning, twisting, reaching, squatting etc.

Student Signature _____ Date _____

DRM ILC Authorized Signature _____ Date _____



Photo/Video Release Form

I hereby give permission for images of myself, captured during regular and special training activities through video, photo and digital camera, to be used solely for the purposes of DRM International Learning Center promotional material and publications, and waive any rights of compensation or ownership thereto.

Student's Signature

Today's Date

Print Student's Name

Address

City, State, Zip

Phone Number

No I do not give release for photos/videos

Student's Signature

P.O. Box 1362, East Lansing, MI 48826
Phone: (517) 882-3544 • Fax: (517) 882-3525
www.drnilc.com



Statement of Academic Integrity

Academic Integrity

Academic integrity is the guiding principle for all that you do; from taking exams, making oral presentations to writing term papers. It requires that you recognize and acknowledge information derived from others, and take credit only for ideas and work that are yours.

You violate the principle of academic integrity when you:

- Cheat on an exam
- Submit the same work as another student
- Plagiarize

Plagiarism, one of the gravest forms of academic dishonesty in education, whether intended or not, is academic fraud. Plagiarism is failure to properly assign authorship to a paper, a document, an oral presentation, and/or other materials, which are not your original work. Violating academic integrity will result in termination of enrollment. You plagiarize when, without proper attribution, you do any of the following:

- Copy verbatim from a book, an article or other media
- Download documents from the Internet
- Purchase documents
- Report from other's oral work
- Paraphrase or restate someone else's facts, analysis and/or conclusions
- Copy directly from a classmate or allow a classmate to copy from you

I hereby understand the terms outlined in the above state of academic integrity of DRM International Learning Center. By signing this I understand if I violate academic integrity I will be dismissed from the course(s) and a refund will not be applicable.

Print Student Name

Today's Date

Signature Student Name

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Disclosure Consent Form

Part 1 – Application for Clinical Privileges

Name of Applicant _____

As a condition of being considered for privileges:

- a. I hereby consent to and authorize DRM ILC to conduct a background check that includes a search of state and federal abuse and neglect registries and databases, in addition to a search and federal criminal history records that include a fingerprint-based check. I understand that this consent extends to the release and sharing of such information with the Michigan Departments of Community Health, Human Services, Corrections, and State Police.
- b. I hereby authorize the release of any relevant information to DRM ILC to be used to conduct the background check as required under Michigan Public Act 27, 28 and 29 of 2006.
- c. I hereby provide the following information necessary to conduct a criminal background check:

Driver's License or State ID #		Place of Birth		Date of Birth
Race	Height	Weight	Eye Color	Hair Color

- d. I understand that DRM ILC will make the final determination. I also understand that DRM ILC may terminate the background check or determine not to allow privileges at any stage of the process.
- e. I understand that in denying privileges to an applicant, and reasonably relying on information obtained through a background check is provided immunity from any action brought by an applicant due to the decision.

Signature of Applicant

Date

Part 2 – Discloser

- a. I hereby certify that I have not been convicted of a crime or offense that prohibits granting of clinical privileges in a long-term care setting as required by P.A. 27, 28 and 29 of 2006, within the applicable time period prescribed by each crime.

Signature of ApplicantDate

- b. I hereby certify that I have not been the subject of an order or disposition under the Code of Criminal Procedure dealing with findings of “not guilty by reason of insanity” for any crime.

Signature of ApplicantDate

- c. I hereby certify that I have not been the subject of a state or federal agency substantiated finding of patient or resident neglect, abuse, or misappropriation of property.

Signature of ApplicantDate

- d. I hereby disclose, by listing below, all offenses for which I have been convicted, including all terms and conditions of sentencing, parole and probation therefore, and/or any substantiated finding of patient or resident neglect, abuse, or misappropriation of property.

Offense	Date of Conviction/Finding	City	State	Sentence	Date of Discharge

- e. I hereby certify that I have read the “legal guide” that lists the prohibited offense as defined in P.A. 27, 28 and 29, and that the above list of my convictions and/or substantiated findings of patient or resident neglect, abuse, or misappropriation of property (if any) is true, correct, and complete to the best of my knowledge.

Signature of ApplicantDate