Application
Nutrition Educator Program
Wellness Forum Institute for Health Studies

Note: You must be a high school graduate to apply

Instructions:
Please submit this application with your $100 application fee paid to The Wellness Forum Institute for Health Studies. You will need to have transcripts from your most recent degree program sent by the school from which you obtained your degree directly to the Institute at this address:

510 East Wilson Bridge Road Suite G
Worthington, Ohio 43085

Personal Information:

Name _____

Address _____

City, State, Zip _____

Phone home (_____)_____ Cell (_____)_____
Office (_____)_____

Email address _____

Birth Date ___/___/____ Social Security Number _____

Education:
Name of High School _____
Location _____
Year graduated _____

College experience:

Schools attended	dates attended From	To	Diploma or Degree	Year Awarded

Work Experience:

Name of Company	Dates From to	Job Description

This information is needed in order to determine that you are employable in a health care occupation:

Have you ever been convicted of a misdemeanor other than a traffic ticket?
Yes ____ No ____
If yes, please describe.

Have you ever been convicted of a felony? Yes ____ no ____

Please write below the reasons why you want to enroll in this program:

I certify that the information I have provided is true and correct to the best of my knowledge.

Signed this _____ day of 20____.

_____
Applicant

Print name below:

_____

7.26.2026

(this school is approved by the State Board of Career Colleges and Schools registration number 09-09-1908T))