

## TTT Reference Information

All mandatory classes will be held on the Metro Campus, Manufacturing Technology Center Building. 2415 Woodland Ave. Cleveland, OH 44115. Parking is free. Use Lot # 7.

### **All class sessions must be attended entirely (28 hours total)**

Please read the following *carefully*.

All incomplete documents will be returned.

Approval for enrollment requires the below.

**Submit all required documentation within one (1) email.  
Documents are to be scanned. Picture/Images will not be accepted.**

- 1.) Proof of active licensure from [https://elicense.ohio.gov/OH\\_HomePage](https://elicense.ohio.gov/OH_HomePage)  
To print license verification, follow all steps to **VIEW MORE INFO**, select **PRINTER FRIENDLY VERSION**.

### ***How do you know if you are qualified to take Train the Trainer?***

- 2.) **RN: Primary Instructor** (person who will only be teaching the classes). An updated resume showing you have 2 years (3200 hours) of chronic care experience as an RN. \*See note below for more information about chronic care.

**RN: Program Coordinator** (person who is responsible for the operation of the program). An updated resume showing you have 2 years of nursing experience as an RN, at least one which must be in the provision of Long-term care (nursing home).

**LPN:** **LPN's can no longer teach as Primary Instructor's and are no longer required to take the TTT course.** LPN's will teach as supplemental instructors to provide training in their area of expertise and within their scope of practice. LPN's can teach no more than 30 hours per class and should have at least one year of experience caring for the elderly or chronically ill of any age.

- 3.) Documentation of hours and experience **on an employer's letterhead:** Please use form on next page to send to employer for verification. The form should be completed entirely by the facility and sent to me from the facility.

**The Department of Health will not accept paystubs as proof of work experience so please do not submit.  
It must be on the facility letterhead.**

**\*RN Chronic care experience:** (for all ages) can be work in a nursing home, homecare, hospice, assisted living, LTACH. The care provided must be chronic care which means it is not in an acute setting.

The only hospital experience that will qualify is working on a geriatric - psychiatric unit.

Upon final review and approval, apply for Tri-C Student ID Number if needed to register for the program. See link at [Apply for Tri-C Student ID](#).

Contact the Enrollment Center at 216.987.5901 or [WorkforceWestshore@tri-c.edu](mailto:WorkforceWestshore@tri-c.edu)

**Program Cost: \$750**

### **Request for employment information**

This information will be used for admission into a Train the Trainer program, regulated by the Ohio Department of Health. The Ohio Department of Health requires the documentation for admission to the program. Thank you

Employee's name:

Employee's title: RN

Was the care provided *as a nurse* to patients with chronic care needs? YES NO

Were these hours providing care *as a nurse* to long term care nursing home residents?

YES NO

Dates of employment as a nurse: \_\_\_\_\_ to \_\_\_\_\_

Did this employee work at least 3200 hours in this position? YES NO

If no, total hours of employment as a licensed nurse: \_\_\_\_\_

If hospital, please list department worked: \_\_\_\_\_

This form should be copied and pasted onto the facilities letterhead and may be emailed to [Dee.Flowers@tri-c.edu](mailto:Dee.Flowers@tri-c.edu)