

# **CAPITAL UNIVERSITY LAW SCHOOL LIFE CARE PLANNER CERTIFICATE PROGRAM**

## **INSTRUCTIONS**

Congratulations on taking the first step towards a new and exciting career by submitting an application for the Life Care Planner Certificate program at Capital University Law School. The LCP program will explore how your skills can be put to use in the legal environment, and also features a unique interdisciplinary opportunity for the Life Care Planner to be a member of the legal team and to gain the knowledge of developing a Life Care Plan as a comprehensive, systematic method of determining the individual care needs and related costs for someone who has experienced a catastrophic injury, accident, or chronic illness.

Please follow these instructions for completing the application process for admission to the Capital University Law School LCP program.

- I.** Request official transcripts from **ALL** undergraduate and graduate institutions, regardless of whether a degree was completed be sent directly to Capital University Law School Life Care Planner Program – Paralegal Programs Office
- II.** Submit a resume or curriculum vita with your application.
- III.** Submit the names of three references who have knowledge related to your academic/clinical skills and your potential for success in the LCP program. Possible references include former faculty and your current clinical associates/supervisor/employer.
- IV.** Submit a 200-300 word essay in which you state your reasons for applying to the Life Care Planner Program and your overall professional goals. This essay will be used to evaluate your writing ability and will be considered by the Admissions Committee as one of the criteria for admission.
- VI.** Enclose a check in the amount of \$25.00 made out to Capital University Law School for the application fee.

### **Additional Admission Requirements for LCP Program if Registered Nurse**

- (1) Copy of RN licensure.
- (2) A minimum of 5000 hours of clinical experience.
- (3) A bachelor's degree.\*

### **Additional Admission Requirements for the LCP Program for Non-R.N. Professional**

- (1) Copy of Rehabilitation Certificate (ie: CRC, CDMS, COHN, CCM, CCRN, ABVE, LPT, OTL, LPC etc)
- (2) A minimum of 3-5 years rehabilitation work experience
- (3) Bachelor's degree in related field from an accredited four-year institution.

**The admissions committee also will consider your undergraduate GPA, community involvement, professional experience and all other relevant factors.**

**Address all correspondence to: Capital University Law School  
Life Care Planning Program – Paralegal Programs Office  
303 E. Broad Street  
Columbus, Ohio 43215-3200**

**Questions? Call 614-236-6885 or [lcp@law.capital.edu](mailto:lcp@law.capital.edu)**

**\*Note: Consideration will be given for a limited number of seats to nurses with a current RN license who have a minimum of 15 years of clinical experience combined with an associate's degree or at least 60 hours of college credit.**

**CAPITAL UNIVERSITY LAW SCHOOL  
LIFE CARE PLANNER CERTIFICATE PROGRAM**

Columbus Site  
303 E. Broad Street  
Columbus, OH 43215  
Phone: (614) 236-6885  
Fax: (614) 236-6958

**Please print or type.**

**Check one:**

\_\_\_\_\_ **Start Term May**

\_\_\_\_\_ **Start Term November**

**I. Biographical Information**

1. Name \_\_\_\_\_
2. Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
3. Date of Birth \_\_\_\_\_
4. Name as listed in telephone directory \_\_\_\_\_
5. Home Phone Number \_\_\_\_\_
6. Employer \_\_\_\_\_
7. Employer Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
8. Date Employed \_\_\_\_\_
9. Work Phone Number \_\_\_\_\_
10. Fax number (if appropriate) \_\_\_\_\_
11. E-Mail Address \_\_\_\_\_
12. Social Security Number \_\_\_\_\_
13. License: State, type & Number: \_\_\_\_\_
14. Other License Number (please specify): \_\_\_\_\_
15. Have you previously applied for admission to any of the following: the CULS Paralegal Program, the Capital University School of Nursing or the Capital University Law School?  
\_\_\_ Yes \_\_\_ No  
If so, which program? \_\_\_\_\_  
What year? \_\_\_\_\_ Accepted or Denied?
16. Predominant Ethnic Background (Optional) Note: Response to this question is optional.  
This information is used for statistical purposes and will not adversely affect the outcome of your application.  
\_\_\_\_ African-American \_\_\_\_\_ Hispanic/Latino  
\_\_\_\_ Caucasian-Non-Hispanic \_\_\_\_\_ Asian or Pacific Islander  
\_\_\_\_ Native American Indian Tribal Registration No. \_\_\_\_\_  
\_\_\_\_ Other

17. If there are no openings during the term preferred, do you wish to be considered for admission to the following term? Yes      No

**II. Educational Background**

1. Have you previously attended a life care planner program? \_\_\_\_Yes \_\_\_\_No  
If yes, provide name of program and any degree/certificate obtained.

---

2. List chronologically **ALL** accredited undergraduate and graduate institutions attended.

Dates of Attendance	Name of Institution	Degree Date & Title	GPA
---------------------	---------------------	---------------------	-----

---

---

---

---

---

---

---

3. Have you ever been on probation, suspended, or dismissed from any college(s), graduate or professional school(s)? \_\_\_\_ Yes \_\_\_\_ No  
If yes, attach a separate statement giving the name of the institution(s), action, date of action, and final disposition.

4. Academic honors, awards, scholarships received:

---

---

---

---

---

---

5. Extracurricular activities:

---

---

---

**III. Employment History**

1. List your last five positions of employment, including part-time (please list in chronological order with most recent first).

Employer	Location	Nature of Position	Dates

2. Provide approximate total number of hours (or years) of clinical experience: \_\_\_\_\_.

**IV. Financial Aid Information**

Are you interested in Stafford Loan information? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you filed the Free Application for Federal Student Aid (FAFSA)? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, date forms were submitted \_\_\_\_\_

If no, do you need these forms? \_\_\_\_\_ Yes \_\_\_\_\_ No

**V. Legal History**

**PLEASE ANSWER EACH OF THE FOLLOWING QUESTIONS. IF YOUR ANSWER IS “Yes” TO ANY OF THESE QUESTIONS, GIVE FULL EXPLANATION (attach to application).**

	Yes	No
a. Have you ever been arrested?.....	___	___
b. Have you ever been discharged or requested to resign from any employment? If so, why?.....	___	___
c. Have you ever been charged with any crime (except minor traffic violations)? If so, what was the outcome?.....	___	___
d. Do you have any unsatisfied judgments against you? If so, give reason(s).....	___	___
e. ....	___	___
e. Have you ever been charged with fraud, formally or informally? Is so, what was the outcome?.....	___	___
f. Have you ever been a ward of any court, or declared an incompetent by any court, or committed to any institution? If so, give details.....	___	___
.....	___	___
g. Have you ever had a license denied, suspended, or revoked? If so, why?.....	___	___
h. ....	___	___
i. Have you ever been suspended or expelled, as a disciplinary measure, from any professional organization, or from public office? If so, give reason(s).....	___	___
.....	___	___
j. Have you ever had a bond canceled? If so, give reason(s).....	___	___
.....	___	___

## VI. References

Names of three references (former or current faculty or employers) who may be contacted regarding your academic/clinical skills and your potential for success in this program.

Name	Title	Mailing Address (including zip code)	Daytime Phone (including area code)
------	-------	---	--

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

## SUBMISSION

Submit the completed application, writing sample, CV or resume, and fee to the Capital University Law School Life Care Planner Program – Paralegal Programs Office, 303 E. Broad Street, Columbus, Ohio 43215-3200. Have all transcripts sent directly to the same address. Questions: call 614-236-6885 or e-mail lcp@law.capital.edu

**I certify this information is true and complete to the best of my knowledge. Misrepresentation or omission of information on this application may jeopardize acceptance and enrollment. I authorize my current and former employers and any schools, colleges or universities I have previously attended to release personal and academic information to Capital University Law School in connection with this application.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

---

**For School Use:**

**ACTION:**

**DATE:**