



The application for the Licensed Practical Nursing (LPN) program at South Seattle Community College must be mailed to the Nursing Program Office and postmarked no later than April 6, 2012. You are responsible for reading through the application materials and instructions and for submitting all required documentation. Be sure to fill in the application completely. No partial or late applications will be reviewed or considered. Any falsification will result in your application being rejected.

SSCC selects students for the LPN program using a competitive process, based on healthcare experience, academic performance in the pre-nursing courses, and ability to follow directions. Thirty two (32) students will be selected to start the 4-quarter program in fall 2012. The Nursing program reserves the right to request additional information from applicants after the application deadline.

**Deadline: Postmarked April 6, 2012**

All applications should be mailed to the following address:

South Seattle Community College  
Nursing Program, Attn: Lynne Cochran, Program Coordinator  
6000 16<sup>th</sup> Avenue SW, 4TC140  
Seattle, WA 98106-1499

**PLEASE TYPE OR PRINT:**

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

S.I.D #: \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ DATE ATTENDED ORIENTATION (Yr/Qtr) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE (day): \_\_\_\_\_ PHONE (eve): \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

ARE YOU A US CITIZEN? (yes or no) \_\_\_\_\_ CIRCLE ONE: FEMALE MALE

1. **Academic Pre-Nursing Courses** –Complete the following table. For classes taken at any school outside the Seattle Community College system you must submit official, sealed transcripts and an Incoming Academic Transcript Evaluation Request form. We do not need transcripts from South Seattle, Seattle Central, or North Seattle Community Colleges.

<b>Course</b>	<b>Quarter and Year completed (i.e. Fall 2008)</b>	<b>Grade Point Received (2.5 – 4.0)</b>	<b>Where Taken?</b>
<b>Chem&amp;121</b>			
<b>BIOL&amp;241</b>			
<b>BIOL&amp;242</b>			
<b>BIOL&amp;260</b>			
<b>PSYC&amp;200</b>			
<b>ENGL&amp;101</b>			
<b>Math&amp;109 (co-requisite)</b>			

**2. Nursing Assistant Certified (NA-C) Requirement**

SSCC requires that all incoming LPN students have a valid Washington State Nursing Assistant Certified license. Please answer all questions below regarding your NA-C experience. Please note that students who have healthcare experience will be given extra consideration.

a. List date and school where NAC training was completed.

\_\_\_\_\_

b. Do you have your **Nursing Assistant Certification**?

Yes \_\_\_\_\_ Include a copy of your certification in the application materials.

No \_\_\_\_\_ When is your test date? \_\_\_\_\_

c. Have you ever worked as an NAC?

Yes \_\_\_\_\_ How long (in months & years) have you held a job as a NAC? \_\_\_\_\_

No \_\_\_\_\_

**3. Employment History** -- List most recent first, including non-healthcare related work. Copy and attach additional pages if you would like to include other relevant work history that does not fit in the table below. Be sure to complete in detail including your duties and **total hours worked**. Applicants provide supervisor name and number with the understanding that they may be called if necessary. **Do not submit your resume.**

<b>Employer</b>		City, State	From(month/year) To (month/year)
Job Title	Hours/Week	Supervisor (name/title)	Telephone
Specific Duties			
			Total hours in this position
<b>Employer</b>		City, State	From(month/year) To (month/year)
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Specific Duties			
			Total hours in this position
<b>Employer</b>		City, State	From(month/year) To (month/year)
Job Title	Hours/Week	Supervisor (name/title)	Telephone
Specific Duties			
			Total hours in this position

**4. Volunteer History** – List in chronological order with most recent experience first, including non-healthcare related work. Attach additional pages if you need more room. Be sure to complete in detail including your duties and total hours worked. Applicants provide supervisor name and number with the understanding that they may be called if necessary.

<b>Agency/Facility</b>		City, State	From(month/year) To (month/year)
Volunteer Title	Hours/Week	Supervisor (name/title)	Telephone
Specific Duties			Total hours in this position
<b>Agency/Facility</b>		City, State	From(month/year) To (month/year)
Volunteer Title	Hours/Week	Supervisor (name/title)	Telephone
Specific Duties			Total hours in this position
<b>Agency/Facility</b>		City, State	From(month/year) To (month/year)
Volunteer Title	Hours/Week	Supervisor (name/title)	Telephone
Specific Duties			Total hours in this position

**5. Educational History** – Please list information about your educational background below, including your LPN pre-requisite coursework.

**Technical/Vocational Schools, Colleges & Universities**

<b>Name &amp; Location</b>	Subject/Field	Degree, Certificate, or none	Years Attended (To-From)
<b>Name &amp; Location</b>	Subject/Field	Degree, Certificate, or none	Years Attended (To-From)
<b>Name &amp; Location</b>	Subject/Field	Degree, Certificate, or none	Years Attended (To-From)

**High School** – The State Board of Nursing may require an official high school transcript or G.E.D. equivalency for Licensure. SSCC does not require this documentation.

<b>Name &amp; Location</b>	Diploma granted? (yes/no)	Date of Years Attended
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**Applicant Attestation**

I have completed this application to the best of my abilities. All forms, transcripts and certifications I have included are legitimate and all information that I have provided is truthful and accurate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

South Seattle Community College is committed to the concept and practice of equal opportunity for all its students, employees, and applicants in education, employment, services and contracts, and does not discriminate on the basis of race or ethnicity, color, age, national origin, religion, marital status, sex, gender, sexual orientation, Vietnam-era or disabled veteran status, political affiliation or belief, citizenship/status as a lawfully admitted immigrant authorized to work in the United States, or presence of any physical, sensory, or mental disability, except where a disability may impede performance at an acceptable level. In addition, reasonable accommodations will be made for known physical or mental limitations for all otherwise qualified persons with disabilities. The following person has been designated to handle inquiries regarding non-discrimination policies including those related to Sec 504 ADA and Title IX: Roxanne Tillman, South Seattle Community College, 6000 16th Ave SW, Mailstop 4RS200, Seattle, WA, 98106, (206) 934-5137. South Seattle will make every effort to ensure that the lack of English skills will not be a barrier to admission and participation in vocational education programs.

Kim Manderbach  
Interim Vice President for Student Services  
(206) 934-6763