


South Seattle Community College LPN Application Summer 2010 Application Form

The application for the Licensed Practical Nursing (LPN) program at South Seattle Community College must be mailed, in full, to the Nursing Program Office and postmarked no later than Feb. 1, 2010. 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. *Forty (40) students will be selected to start the four (4) quarter program in Summer 2010.* The Nursing program reserves the right to request additional information from applicants after the application deadline, if necessary.

Deadline: Postmarked February 1, 2010

All applications should be mailed to the following address:

South Seattle Community College
Nursing Program, Attn: LPN Application
6000 16th Avenue SW, 4TC140
Seattle, WA 98106-1499

PLEASE TYPE OR PRINT:

NAME OF APPLICANT _____

S.I.D #: _____ SOCIAL SECURITY NUMBER _____

DATE OF BIRTH: _____

ADDRESS: _____ APT # _____

CITY/STATE: _____ ZIP CODE: _____

PHONE (day): _____ PHONE (eve): _____

EMAIL ADDRESS: _____

- 1. Academic Pre-Nursing Courses** –Complete the following table. If you have not already done so, by the application deadline, you also must submit an official transcript in a sealed envelope for any courses taken outside of the *Seattle Community College District*. For any courses taken outside of *South Seattle Community College*, you must submit a Transcript Evaluation Request Form. Official transcripts and Transcript Evaluation Request Forms should be sent to: *South Seattle Community College, Attention: Transcripts; 6000 16th Ave. SW; Seattle, WA 98106-1499*

PLEASE NOTE: All pre-requisite courses must be completed no later than Winter Quarter 2010 in order to begin the LPN program in Summer 2010. Students completing pre-requisite courses in Winter 2010 may apply with the knowledge that their grade cannot be submitted before acceptance must be determined and classes completed by Fall 2009 will receive priority. MAT 102 or MAT 109 and higher math courses are also acceptable in place of MAT 107.

Course	Quarter and Year completed (i.e. Fall 2008)	Grade Point Received (2.0 – 4.0)	Name of College where course was <i>or will be completed</i>	If not yet completed, what Quarter do you expect to complete? (i.e. Winter 2009)
MATH &107				
BIOL &241				
BIOL &242				
BIOL &260				
PSYC &200				
ENGL &101				

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. Have you completed an NA-C training program?

Yes _____ --- Date & School where you completed the program _____

No _____ --- Date & School where you plan to complete the program _____

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

Yes _____ --- Please include a copy of your certification in the application materials.

No _____ --- When do you expect to receive your certification? _____

What was your testing date or will be your testing date? _____

c. Have you ever worked as an NA-C?

Yes _____ --- How long (in months & years) have you held a job as a NA-C: _____

No _____

3. Employment History -- List most recent first, including non-healthcare related work. Please 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.

Employer		City, State	From(month/year) To (month/year)
Job Title	Hours/Week	Supervisor (name/title)	Telephone
Specific Duties			
			Total hours in this position
Employer		City, State	From(month/year) To (month/year)
Job Title	Hours/Week	Supervisor (name/title)	Telephone
Specific Duties			
			Total hours in this position
Employer		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 on chronological order with most recent experience first, including non-healthcare related work. Please 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.

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

Name & Location	Subject/Field	Degree, Certificate, or none	Years Attended (To-From)
Name & Location	Subject/Field	Degree, Certificate, or none	Years Attended (To-From)
Name & Location	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.

Name & Location	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