



**SOUTH  
SUBURBAN  
COLLEGE**  
Department of  
**ALLIED HEALTH &  
CAREER PROGRAMS**

# COMMUNITY HEALTH WORKER PROGRAM ADMISSION APPLICATION

**Please print or type when completing this form and return it to:**

Department of Allied Health & Career Programs Room 4457  
South Suburban College, 15800 S. State Street, South Holland, IL 60473  
Phone: (708) 596-2000, ext. 2421 Fax: (708) 210-5792 email: cwilliams@ssc.edu

***Enrollment is considered at the beginning of any semester***

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Date of Birth (dd/mm/yyyy) \_\_\_\_\_

Veteran:  Yes  No Gender:  Male  Female

Education:  no formal  some high school  graduated high school  some college  
 graduated college  some graduate school  graduate school degree

Race:  American Indian or Alaska Native  Asian  Black or African American  White  
 Native Hawaiian or Other Pacific Islander  Hispanic or Latino

In case of emergency: Name \_\_\_\_\_ Telephone Number \_\_\_\_\_ Relationship \_\_\_\_\_

### Applying For

Basic Certificate

Advance

Associate of Arts

Enrollment Requirements: none

Enrollment Requirements: Basic

Enrollment Requirements: SEE SSC CATALOG

Number of CHW courses required to complete:

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### Have you ever worked as one of the following? Check all that apply:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Case manager                     | <input type="checkbox"/> Community outreach worker | <input type="checkbox"/> Peer counselor     |
| <input type="checkbox"/> Case worker                      | <input type="checkbox"/> Enrollment specialist     | <input type="checkbox"/> Peer educator      |
| <input type="checkbox"/> Community health advocate        | <input type="checkbox"/> Health ambassador         | <input type="checkbox"/> Promotorla         |
| <input type="checkbox"/> Community health outreach worker | <input type="checkbox"/> Health educator           | <input type="checkbox"/> Public health aide |
| <input type="checkbox"/> Community liaison                | <input type="checkbox"/> Health worker             |   |
| <input type="checkbox"/> Community organizer              | <input type="checkbox"/> Patient navigator         |   |

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use Only	
Interview with staff:	Applicant #:
Status Code	Applying For: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer