



## SOUTH SUBURBAN COLLEGE

15800 S. State St.  
South Holland, IL  
60473-1200  
(708) 596-2000

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Our Mission  
Is to **Serve** our  
**Students** and  
the **Community**  
Through Lifelong  
Learning.

ssc.edu

## Application-Term 20 \_\_\_\_ Associate Degree Nursing (ADN)

Prospective students must have **in computer on file**, official high school transcripts and, if applicable, evaluated college transcripts. Students must also be in the process of completing their final admission requirements.

**Please print when completing this form and return it to:** Department of Nursing,  
South Suburban College, 15800 S. State Street, Room 4120, South Holland, IL 60473

Email Address \_\_\_\_\_

Last Name \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

College ID # \_\_\_\_\_ Daytime Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

(Please make sure information is current)

Are you a Certified Nurse Assistant? \*Yes \_\_\_\_ No \_\_\_\_

**\*If yes, verification of State Certificate must be attached.**

If yes, which state? \_\_\_\_\_

Are you a Licensed Practical Nurse? \* Yes \_\_\_\_ No \_\_\_\_

**\*If yes, verification of state license must be attached.**

License # \_\_\_\_\_ State \_\_\_\_\_

### Contact Person Other Than Self

Name \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_ Evening Phone Number \_\_\_\_\_

Relationship \_\_\_\_\_

### --FOR OFFICE USE ONLY--

Preadmission Testing Packet Given: Yes ☐ No ☐

New Applicant ☐

Staff Initials: \_\_\_\_\_ Date: \_\_\_\_\_

## Responsibilities as a Nursing Student

I understand that, if enrolled in the Department of Nursing at South Suburban College, I will be accountable for the following expenses and responsibilities:

- A. Transportation to and from the College and various clinical sites
- B. Payment of tuition, student, laboratory and malpractice fees, uniforms, books and equipment
- C. Proof of health insurance coverage
- D. Submission of a completed physical examination form **provided by the SSC Department of Nursing** (including **TITERS and TB test**) and/or clinical affiliates.
- E. **Flu Vaccine** is required.
- F. Current CPR card (**Must be American Heart Association**) **BLS for Healthcare Provider (CPR and AED) program.**
- G. Drug Screening and Criminal Background Check.  
**All expenses are the responsibility of the student.**

## Important Information Related to State Licensure

Upon successful completion of the program, Illinois Department of Financial & Professional Regulation (IDFPR) and not South Suburban College, grants licensure to nurses through an application and examination process. Applicant may visit IDFPR at <http://www.idfpr.com>

I declare that I have examined the application and all required documents submitted by me are to the best of my knowledge, true, complete, and correct. Submission of this completed application to the Nursing Department does not guarantee admission to the program.

**Signature of Applicant**\_\_\_\_\_ **Date**\_\_\_\_\_