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 4469L
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**

Enrollment Requirements: none

Number of CHW courses required to complete:

☐ **Advance**

Enrollment Requirements: Basic

Number of CHW courses required to complete:

☐ **Associate of Arts**

Enrollment Requirements: SEE SSC CATALOG

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

☐ Case manager
☐ Case worker
☐ Community health advocate
☐ Community health outreach worker
☐ Community liaison
☐ Community organizer

☐ Community outreach worker
☐ Enrollment specialist
☐ Health ambassador
☐ Health educator
☐ Health worker
☐ Patient navigator

☐ Peer counselor
☐ Peer educator
☐ Promotorla
☐ Public health aide

Applicant Signature: _____ Date: _____

For Office Use Only	
Interview with staff:	Applicant #:
Status Code	Applying For: ☐ Fall ☐ Spring ☐ Summer