SECTION - PERSONAL INFORMATION

| First Name | | | MI | | Last Nan | ne | | |
|--------------|-----|-----------------------|------|----------|-----------------------|-------|-----|--|
| SSC Email | | | Pe | rsonal E | mail | | | |
| Phone # | | Birth Date 09/10/2000 | | | Last Coll Attended | | | |
| Street Addre | ess | | City | | | State | Zip | |

SECTION – ACADEMIC INFORMATION

| Student ID | Overall GPA | Nursing Program | |
|------------|-------------|-----------------|--|
| | | | |

| SSC101 | MTH124 | TEAS Overall | TEAS Science |
|-----------------|-----------------|-----------------------|--|
| Grade | Grade | Score | Score |
| BIO101 Grade | ENG124 Grade | TEAS Reading Score | TEAS English/Language Score |
| BIO121 | PSY121 | TEAS Math | Have you applied to the ADN Nursing Program in the last 2 years? |
| Grade | Grade | Score | |

| SECTION – EMPLOYMENT INFORMATION | | | | |
|--|------------------------|--|--|--|
| Employer Name | | | | |
| Are you currently employed as an STNA? | # of Years Employed | | | |
| Are you currently employed as an LPN? | # of Years Employed | | | |
| Are you Currently employed as a Paramedic? | # of Years Employed | | | |

^{*} If you hold any of these certifications, provide your certification card and a letter of recommendation from your current supervisor.

| SECTION – SIGNATURE / DATE | | | | | |
|----------------------------|--|------|--|--|--|
| Student Signature | | Date | | | |
| | | | | | |



As of December 17, 2021, depending on the clinical/practicum site, there are different COVID requirements. Students will receive additional information once admitted to the Health and Public Services program of choice. Most of our Health and Public Services programs require clinical/practicum experience. We cannot guarantee students a site for clinicals/practicums that does not require the vaccination. While exemptions for medical or religious reasons are available, they are based on the clinical/practicum site regulations and approval. Students are required to complete clinicials/practicums as part of program requirements needed for graduation and to sit for testing for certification or licensure. Currently, most healthcare facilities are requiring the COVID vaccination in order to secure employment.

I understand vaccine requirements, including the COVID-19 vaccine requirements, are from the clinical/practicum sites and not Stark State College.

| | <u> </u> | |
|-----------------------|----------|--|
| Student Name Printed | S# | |
| | | |
| Student Signature | Date | |