



APPLICATIONS DUE: February 1, 2023

ILLINOIS CENTRAL COLLEGE 2023-24
CERTIFIED NURSING ASSISTANT PROGRAM
WORK-BASED LEARNING/DUAL CREDIT APPLICATION

Student Name _____

Address _____ City _____ Zip _____

Current Year in School: [] SOPH [] JUN Date of Birth _____

ICC Student I.D. Number (required): _____

Phone # (home): _____ (cell) _____ (other) _____

Student Email: _____

High School: _____ School Phone # _____

Counselor Name: _____

Counselor Email: _____

SPECIFIC HEALTH, IMMUNIZATION, AND BACKGROUND REQUIREMENTS WILL BE NECESSARY PRIOR TO START OF CLASS.

2023/2024 Options for Work-Based Learning/Dual Credit Health Occupations Program

FALL SEMESTER

Monday through Friday, 7am - 10am

[] Eureka AC Home [] ICC Peoria Location [] ICC Pekin Location

SPRING SEMESTER

Monday through Friday, 7am - 10am

[] Eureka AC Home [] ICC Peoria Location [] ICC Pekin Location

Parent/Guardian Name(s): _____

Phone #: _____ E mail: _____

Signing below indicates that student wishes to be considered for the Work-Based Learning/Dual Credit Nursing Assistant Program at ICC.

Parent/Guardian signature indicates they believe that their son/daughter has the maturity and ability to be successful in the program, approves of this application, ensures students will be provided suitable transportation, and gives the school permission to release all necessary school records.

Student and parent/guardian understand that the program will follow the Illinois Central College academic calendar, which may not correspond with individual high school schedules with regards to days off, school holidays, breaks, etc. and that the student is expected to be at their Nursing Assistant Program class even if their home school has a scheduled day(s) off.

The student/parent/guardian understands that, in compliance with federal and state privacy laws, ICC may use biographical information for institutional research. Withholding information or giving false information may make a student ineligible for admission to ICC or subject to dismissal.

Student Signature _____ Parent/Guardian Signature _____ Date _____

SUBMIT APPLICATION TO:
Your High School Counselor

FOR QUESTIONS CONTACT:
Lari LaBello
5407 N University, St., Cedar 105
Peoria, IL 61635
(309) 690-7551