


# LICENSED PRACTICAL NURSING

Dear Nursing Director:

Enclosed is the revised CCC LPN Bridge packet. Please mail the student's completed application, money order and the Portfolio Evaluation form to:

CITY COLLEGES OF CHICAGO  
STUDENT AFFAIRS, 9<sup>TH</sup> FLOOR  
226 W. Jackson Boulevard  
CHICAGO, ILLINOIS 60606



Cynthia D. Armster, Associate Vice Chancellor  
Student Affairs

CDA:gb

# LICENSED PRACTICAL NURSING

Dear Applicant:

Enclosed is an Information Bulletin with attached application which describes the program offering College credit for your LPN education.

After the requirements outlined in the Bulletin have been met, please complete the application and return with fee to:

**City Colleges of Chicago  
Student Affairs, 9<sup>th</sup> Floor  
226 West Jackson Blvd.  
Chicago, Illinois 60606**

**Cynthia D. Armster, Associate Vice Chancellor  
Student Affairs**

**CA:gb  
0606**

**INFORMATION BULLETIN**

Licensed Practical Nurses

A student can receive Credit by Assessment\* at City Colleges of Chicago (CCC) for LPN Education if the following requirements are met. The student must:

1. Be accepted into the Nursing program by the Nursing faculty at the student's campus of enrollment;
2. Provide current licensure and at least one-year employment experience as a licensed Practical Nurse (this must include a written statement of job description from the institution of employment) for verification by the Nursing department;
3. Successfully complete the Nursing 140 bridge course with a grade of "C" or better;
4. Continue the Nursing program at City Colleges of Chicago\*\*

If the above requirements have been submitted and approved, the student will receive 14 credit hours for the following two courses:

Nursing 101	Fundamentals of Nursing I	7.00 credit hours
Nursing 102	Fundamentals of Nursing II	7:00 credit hours

- \* Credit by Assessment will be posted on a student's record after 15 credit hours of college-level Nursing course work has successfully been completed at CCC for this program. This requirement must include 12 credit hours of 200-level Nursing courses.
- \*\* If an LPN student is admitted to and sponsored by one college, successfully completes the Nursing Bridge course and other requirements stated above, and wishes to complete the Nursing Program at another college, the student may do so provided he/she formally applies and is accepted by the other college's Nursing Program.

The credits awarded will be sent to the Registrar at the student's campus of enrollment, and a copy will be mailed to the student.

There is a \$75.00 evaluation fee payable to "City Colleges of Chicago". This is to be paid by MONEY ORDER only. After student fulfills the requirements outlined above, the attached application should be completed and return with fee to:

**City Colleges of Chicago  
Student Affairs, 9<sup>th</sup> Floor  
226 West Jackson Blvd.  
Chicago, Illinois 60606**

**FORTFOLIO EVALUATION REPORT**

I have evaluated the portfolio for:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Soc. Sec.#: \_\_\_\_\_

College: \_\_\_\_\_

I have \_\_\_\_\_ I have not \_\_\_\_\_ also interviewed the person.

\_\_\_\_\_Based on the knowledge and skills this person has demonstrated, he/she may be awarded the following credits:

<u>Course</u>	<u>No.</u>	<u>Title</u>	<u>Cr. Hrs.</u>	<u>Grade</u>
---------------	------------	--------------	-----------------	--------------

Page 2

Portfolio Evaluation Report (Cont.)

\_\_\_\_\_ This person has not demonstrated adequate knowledge or skills to be awarded credit for the  
Following courses:

---

---

---

---

---

**COMMENTS:** \_\_\_\_\_

---

---

---

---

---

Signature: \_\_\_\_\_ Date \_\_\_\_\_  
Faculty

Signature: \_\_\_\_\_ Date \_\_\_\_\_  
Vice President

CDA:gb

**CITY COLLEGES OF CHICAGO**

**CREDIT FOR LPN EDUCATION APPLICATION FORM**

**NOTE: ALL ITEMS ON THIS APPLICATION FORM MUST BE COMPLETED  
PLEASE READ ALL ITEMS ON THE REVERSE SIDE CAREFULLY.**

NAME: \_\_\_\_\_  
SOC. SEC.#: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
\_\_\_\_\_ DAY PHONE \_\_\_\_\_ EVENING PHONE \_\_\_\_\_

INDICATE YOUR CURRENT STATUS: (CHECK ONLY ONE)  
\_\_\_\_ Currently Enrolled      \_\_\_\_ Formerly Enrolled      \_\_\_\_ Will Enroll

AT WHICH OF THE CITY COLLEGES OF CHICAGO ARE YOU CURRENTLY OR  
FORMERLY ENROLLED.

\_\_\_\_ Daley      \_\_\_\_ Malcolm X      \_\_\_\_ Wright      \_\_\_\_ Kennedy-King  
\_\_\_\_ Olive Harvey      \_\_\_\_ Washington      \_\_\_\_ Truman

PLEASE INDICATE CAMPUS WHERE CREDIT IS TO BE SENT \_\_\_\_\_

**IN ORDER TO PARTICIPATE IN THIS PROGRAM, IT IS REQUIRED THAT YOU:**

- (1) Be accepted in the nursing program by the nursing facility at your campus of enrollment.
- (2) Produce your original LPN certificate for verification by the campus of enrollment.
- (3) Provide official documentation to the nursing department to demonstrate that you have worked in clinical nursing practice.

**THE FEE IS \$75.00. DO NOT SEND CASH OR CHECK. MONEY ORDERS ONLY,  
PAYABLE TO CITY COLLEGES OF CHICAGO WILL BE ACCEPTED. MAIL  
APPLICATION AND FEE TO:**

**CITY COLLEGES OF CHICAGO  
OFFICE OF STUDENT DEVELOPMENT  
226 WEST JACKSON BLVD. – 9<sup>TH</sup> FLOOR  
CHICAGO, ILLINOIS 60606**

**I have read the information on this side and on the other side of this application and understand the requirements of this program.**

Date \_\_\_\_\_ Your signature is required: \_\_\_\_\_

(BE SURE TO READ OTHER SIDE)

**TO THE STUDENT**

If you have fulfilled all the requirements necessary to participate in this program, in order to receive this credit, it is also required that:

- (1) You successfully complete the bridge course, and
- (2) You continue your nursing program at City Colleges of Chicago.

**PLEASE NOTE:** Credit by Assessment will be posted on your record after 15 credit hours of college level work have been successfully completed including 12 credit hours of 200-level nursing courses.

Please follow these procedures:

- (1) Complete all items of the application on the reverse side. BE SURE TO INDICATE YOUR SOCIAL SECURITY NUMBER.
- (2) Enclose MONEY ORDER payable to City Colleges of Chicago. Personal checks will not be accepted.
- (3) Mail completed application form and fee to:

City Colleges of Chicago  
Office of Student Development  
226 West Jackson Blvd. – 9<sup>th</sup> Floor  
Chicago, Illinois 60606

CDA:gb