

# APPLICATION FOR SELECTION TO DIAGNOSTIC MEDICAL SONOGRAPHY

HINDS COMMUNITY COLLEGE

1750 CHADWICK DRIVE • JACKSON, MISSISSIPPI 39204-3490 • 601-376-4800



Social Security Number or Student I.D. Number \_\_\_\_\_

Home Telephone No. \_\_\_\_\_ Cell Phone No. \_\_\_\_\_

Birth Date \_\_\_\_\_ E-mail address \_\_\_\_\_

## INSTRUCTIONS

- A. Complete this form (PLEASE TYPE OR PRINT) and return to→
- B. Request the registrar of each high school or college you have attended to forward an original transcript from that institution to→

**NOTE: Date for Preference Completion is April 1<sup>st</sup> for Fall admission**

**Allied Health Programs  
Office of Admissions  
Nursing/Allied Health Center  
1750 Chadwick Dr.  
Jackson, MS 39204-3490**

## PERSONAL DATA

Name \_\_\_\_\_  
First Middle Maiden Last

Address \_\_\_\_\_  
Street No. / P.O. Box / Route City State Zip

## EDUCATIONAL DATA

1. List all colleges and professional schools attended.

Name of School	City and State	Did you graduate?	Dates attended
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ to _____ mo/year mo/year
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ to _____ mo/year mo/year
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ to _____ mo/year mo/year
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ to _____ mo/year mo/year

## INDIVIDUAL STUDENT DATA

The following information is needed for counseling regarding licensure requirements.

Do you have a history of alcohol or drug abuse  Yes  No

If yes, have you ever been rehabilitated? \_\_\_\_\_

Have you ever been convicted of a misdemeanor or felony?  Yes  No

If yes, Explain \_\_\_\_\_

***Individuals who have been convicted, pleaded guilty or pleaded no contest to certain felony crimes may be unable to attend clinical training or obtain employment in a licensed health care facility in Mississippi. Applicants convicted of a misdemeanor or felony offense may be denied licensure/certification.***

***I certify that the statements in this application are true and complete to the best of my knowledge, and that I have attended no institution other than those listed therein. I am aware that falsification of information is a basis for denying admission or for immediate termination of enrollment.***

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Hinds Community College offers equal education and employment opportunities and does not discriminate on the basis of race, color, national origin, religion, sex, age, disability or veteran status in its programs and activities. The following person has been designated to handle inquiries regarding the non-discrimination policies: Dr. Debra Mays-Jackson, Vice President for the Utica and Vicksburg-Warren Campuses and Administrative Services, 34175 Hwy. 18, Utica, MS 39175: 601.885.7002*