

APPLICATION FOR SELECTION TO RADIOLOGIC TECHNOLOGY

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 _____

NOTE: Deadline for file completion – JANUARY 31st

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→

**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.