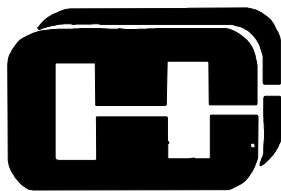


APPLICATION FOR SELECTION TO ASSOCIATE DEGREE NURSING PROGRAM

HINDS COMMUNITY COLLEGE

1750 CHADWICK DRIVE X JACKSON, MISSISSIPPI 39204-3490 X (601) 372-6507



Social Security No. _____

Home Phone No. _____ Cell Phone No. _____

E-mail address _____

Note: Deadline for file completion for Fall class – March 31st; Deadline for file completion for Spring class – September 30th.

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 =

Associate Degree Nursing Program,
Office of Admissions
Nursing/Allied Health Center
1750 Chadwick Drive
Jackson, MS 39204-3490

PERSONAL DATA

Name _____
First Middle Maiden Last

Address _____
Street No. / PO 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

2. Complete this section only if you are a Licensed Practical Nurse.

Name of PN Program _____ Date of program completion _____

I am applying for: Regular Program LPN to RN Option Both

LOCATION SELECTION

I am applying for admission to the following location:

Regular Program _____ Nursing/Allied Health Center Rankin Campus (Fall Admission Only)
LPN to RN Option _____ Nursing/Allied Health Center Vicksburg Campus

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 by the Mississippi State Board of Nursing.

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 _____