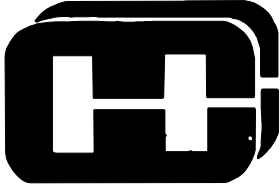


APPLICATION SELECTION TO PRACTICAL NURSING PROGRAM

HINDS COMMUNITY COLLEGE

1750 CHADWICK DRIVE • JACKSON, MISSISSIPPI 39204-3490 • (601) 376-4812



Social Security No. Social _____

Home Telephone No. _____ Cell Phone No. _____

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 →

Practical 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

Check ONLY one box please:

- N/AHC Campus Vicksburg Campus Rankin Campus
(Only starts spring semester) N/AHC Campus Night Program
(Starts June 2010)

INDIVIDUAL STUDENT DATA

The following information is needed for counseling regarding licensure/registry 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 _____