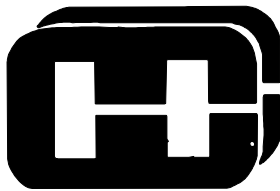


# APPLICATION SELECTION TO PRACTICAL NURSING PROGRAM

HINDS COMMUNITY COLLEGE

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



Social Security #. or Student ID# \_\_\_\_\_

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 (Starts-Spring Semester only)     N/AHC Campus Night Program (Starts- Summer Semester Only)

## 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 \_\_\_\_\_