

MGCCC Nursing & Allied Health Application Directives - Read Carefully

Students seeking admission to a Mississippi Gulf Coast Community College Nursing or Allied Health program must first make application and be accepted to the college. Students must meet program-specific admission requirements prior to submitting an application. Please refer to the online college catalog or program specific webpage for more information.

Please complete this form and bring it with you to your appointment with the Nursing/Allied Health Counselor/Enrollment Specialist, at the location you wish to attend. Nursing and Allied Health students are selectively ranked based on specific program requirements.

1. Name _____ Last 4 Digits of Social Security _____
College M # _____
2. Address _____
City _____ State _____ Zip _____
3. Telephone: Home (_____) _____ Cell :(_____) _____ Work: (_____) _____
4. College Email (print) _____
Personal Email (print) _____

Program Request

5. Semester/Year Applying (**check one**): Spring _____ Summer _____ Fall _____ Year _____

NAH Program Requesting (check one)

- EMS/PARAMEDIC MEDICAL ASSISTING LPN-to-RN SUMMER TRANSITIONAL
 MEDICAL LAB TECHNOLOGY PRACTICAL NURSING RADIOLOGIC TECHNOLOGY
 SURGICAL TECHNOLOGY FUNERAL SERVICES ASSOCIATE DEGREE NURSING w/ Exit

6. Have you ever made application or been accepted to a Nursing or an Allied Health program at any MGCCC campus/center?

Yes No If so, Date: _____ Campus: _____ Program: _____

7. Previous Health care Experience? Yes No Explain _____

8. General Condition of your health: excellent very good average poor

Do you require assistance for a disability? Yes No Explain: _____

9. Have you ever been convicted of a misdemeanor or felony? Yes No Explain: _____

Emergency Contact Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ City State ZIP Code

Primary/Home Phone: () _____ Alternate/Cell Phone: () _____

Relationship: _____

Licensure Information

List all applicable licenses:

PN License number: _____ State: _____ Expiration Date: _____

EMT License number: _____ State: _____ Expiration Date: _____

RRT License number: _____ State: _____ Expiration Date: _____

Other Licensed Health care Credential:
Type of Credential: _____ State: _____ Expiration Date: _____

Statistical Information

*The following is requested for periodic reports the NAH Division must make to accrediting agencies and/or organizations. **Provision of information is voluntary** but would be very helpful to the division. Information is used in aggregate form only; no names are released with the information.*

Date of Birth: Month _____ Date _____ Year _____ Sex: () Male () Female

Marital Status: () Single () Married () Divorced () Widowed

Ethnic Background: () American Indian () Alaskan Native () Asian () Pacific Islander
() Black/African American () White () Hispanic () Other

Note: Nursing & Allied Health students will/may be subjected to requirements such as medical/hospitalization insurance, selective admission, criminal background checks, substance testing, immunizations, core performance standards and other requirements. Enrollments are limited and students are ranked and selected based on point systems. *Falsification of information is cause for denying admission or immediate program dismissal*

Student Signature

Date

"In compliance with Title VI of the Civil Rights Act of 1964, Title IX, Education Amendments of 1972 of the Higher Education Act, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990 and other applicable Federal and State Acts, the Board of Trustees of the Mississippi Gulf Coast Community College hereby adopts a policy assuring that no one shall, on the grounds of race, religion, color, national origin, sex, age or qualified disability be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination in any program or activity of the College. The Mississippi Gulf Coast Community College is an Equal Opportunity Employer and welcomes students and employees without regard to race, religion, color, national origin, sex, age or qualified disability."

Compliance with Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act, Title II of the Age Discrimination Act and Title IX of the Education Amendments of 1972 is coordinated by Dr. Michael Heindl, Vice President for Administration and Finance, Perkinston Campus, P. O. Box 609, Perkinston, Mississippi 39573, telephone number 601-928-5211, email address michael.heindl@mccc.edu.