

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 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)

- | | | |
|--|---|---|
| <input type="checkbox"/> EMS/PARAMEDIC | <input type="checkbox"/> MEDICAL LAB TECHNOLOGY | <input type="checkbox"/> ASSOCIATE DEGREE NURSING w/ Exit |
| <input type="checkbox"/> FUNERAL SERVICES | <input type="checkbox"/> RADIOLOGIC TECHNOLOGY | <input type="checkbox"/> LPN-to-RN SUMMER TRANSITIONAL |
| <input type="checkbox"/> MEDICAL ASSISTING | <input type="checkbox"/> SURGICAL TECHNOLOGY | <input type="checkbox"/> LPN-to-RN SUMMER TRANSITIONAL - HYBRID |
| | | <input type="checkbox"/> PRACTICAL NURSING |

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: _____

Nursing Program Site Selection

10. Please Rank Campus: (Rank 1, 2, or 3) Student Signature for Verification

Jackson County Campus		
Jefferson Davis Campus		
Perkinston Campus		

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