APPLICATION FOR SELECTION TO DIAGNOSTIC MEDICAL SONOGRAPHY

HINDS COMMUNITY COLLEGE

1750 CHADWICK DRIVE • JACKSON, MISSISSIPPI 39204-3490 • 601-376-4807



- A. Complete this form (PLEASE TYPE OR PRINT) and return to→
- B. Request the registrar of each high school and college (except Hinds CC) you have attended to forward an original transcript from that institution to →
- C. All notifications concerning admissions to the program will be made by mail and/or email.

Allied Health Programs Office of Admissions Nursing/Allied Health Center 1750 Chadwick Dr. Jackson, MS 39204-3490

<u>NOTE:</u> Date for Preference Completion is April 1st for Fall admission

PERSONAL DATA

Name						
	First	Middle		Maiden		Last
Mailing Add	ress					
	Street No. / P.O. Box /	Route	City	State		Zip
Physical Ad	dress					
	Street No. / Route	City		State		Zip
Personal E-mail address			and/or School E-mail address			
EDUCATI	ONAL DATA					
1. Lis ⁻	t all colleges and profession	al schools attended.				
Na	me of School	City and State		Did you g	graduate?	Dates attended
				Pes	🗖 No	to mo/year mo/year
				□ Yes	🗖 No	to mo/year mo/year
				□ Yes	🗖 No	to mo/year mo/year
				□ Yes	🗖 No	to mo/yearmo/year
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Name of JCERT accredited Radiologic Technology program currently enrolled in or graduated from:

Date of program completion: _____ mo/year

Notes: (1) Students must satisfy a criminal background check. 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. In addition, other felony and some misdemeanor charges may disqualify the student from participating in clinical experiences. This includes, but is not limited to most felony charges, patterns of criminal charges, criminal charges within the past five years, no dispensation of charges, and pending charges. (2) Students are subject to random drug screens after admission.

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

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, Hinds Community College offers equal education and employment opportunities and does not discriminate on the basis of race, color, national origin, religion, sex, age, disability or veteran status in its educational programs and activities. The following have been designated to handle inquiries regarding these policies: **EEOC Compliance**: Sherry Franklin, Vice President for Utica Campus and Administrative Services, Box 1003, Utica, MS 39175; Phone: 601.885.7080 or Email: <u>Titleix@hindscc.edu</u>. **Title IX**: Randall Harris, Vice President for Advancement and Student Services, Title IX Coordinator, Box 1100 Raymond MS 39154; Phone: 601.857.3889 or Email: <u>Titleix@hindscc.edu</u>.