

# APPLICATION FOR SELECTION TO DIAGNOSTIC MEDICAL SONOGRAPHY

HINDS COMMUNITY COLLEGE

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



Student I. D. Number \_\_\_\_\_ (or Last Four Digits of Social Security Number) \_\_\_\_\_

Home Telephone No. \_\_\_\_\_ Cell Phone No. \_\_\_\_\_

Birth Date \_\_\_\_\_

## INSTRUCTIONS

- Complete this form (PLEASE TYPE OR PRINT) and return to→
- Request the registrar of each high school and college (except Hinds CC) you have attended to forward an original transcript from that institution to→
- 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**

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

## PERSONAL DATA

Name \_\_\_\_\_  
First Middle Maiden Last

Mailing Address \_\_\_\_\_  
Street No. / P.O. Box / Route City State Zip

Physical Address \_\_\_\_\_  
Street No. / Route City State Zip

Personal E-mail address \_\_\_\_\_ and/or School E-mail address \_\_\_\_\_

## EDUCATIONAL DATA

- List all colleges and professional schools attended.

Name of School City and State

_____	_____
_____	_____
_____	_____
_____	_____

Did you graduate?

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

Dates attended

\_\_\_\_\_ to \_\_\_\_\_  
mo/year mo/year

\_\_\_\_\_ to \_\_\_\_\_  
mo/year mo/year

\_\_\_\_\_ to \_\_\_\_\_  
mo/year mo/year

\_\_\_\_\_ to \_\_\_\_\_  
mo/year mo/year

- 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 \_\_\_\_\_