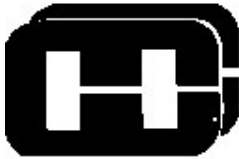


APPLICATION FOR SELECTION TO RESPIRATORY CARE TECHNOLOGY

HINDS COMMUNITY COLLEGE

1750 CHADWICK DRIVE • JACKSON, MISSISSIPPI 39204-3490 • 601-376-4800



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

Home Telephone No. _____ Cell Phone No. _____

Date of Birth _____

NOTE: Preference given for completion of application by March 1st

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**

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?	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

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 _____