Applications for the fall semester will be accepted from January through April 30 each year. **PLEASE PRINT/NO PENCIL.**

NAME

Last                 First           Middle / Maiden

MAILING ADDRESS

Street                       City           State                    Zip

EMAIL ADDRESS

DOB

TELEPHONE

Home Number                                                                                            Business/Cell Number

Have you taken the ACT?     (Circle) Yes    No        If Yes, composite score

(Minimum 16 ACT required – YOU MUST PROVIDE PROOF OF SCORE – H.S. Transcript or ACT printout)

HIGH SCHOOL_________________________Year Graduated____

If you hold a GED Certificate, date received ______________________________

INTERESTED IN (PLEASE CHECK ONE): Day PN Program (12 Months) ________________________

Evening PN Program (18 Months) ________________________

Please circle yes or no for the following questions. These are questions that will be on the NCLEX PN (State Board Exam).

1. Yes   No   Have you been convicted of any criminal offense in any state or federal court (other than minor traffic violations)?
2. Yes No Have you been convicted of a felony?

3. Yes No If yes, have you been issued a Certificate of Relief from Disabilities by the Prisoner Review Board?

4. Yes No Have you had or do you now have any disease or condition that interferes with your ability to perform the essential functions of your profession, including any disease or condition generally regarded as chronic by the medical community, i.e., (1) mental or emotional disease or condition; (2) alcohol or other substance abuse; (3) physical disease or condition, that presently interferes with your ability to practice your profession?

5. Yes No Have you been denied a professional license or permit, or privilege of taking an examination, or had a professional license or permit disciplined in any way by any licensing authority in Mississippi or elsewhere?

6. Yes No Have you ever been discharged other than honorably from the armed service or from a city, county, state or federal position?

Note: Providing false information on this application may cause the applicant to be excluded from acceptance into the PN Program.

Applicant’s Signature (Legal Name) Date

***AFTER YOU APPLY AND MEET ALL INITIAL QUALIFICATIONS, YOU WILL RECEIVE AN EMAIL WITH INFORMATION ABOUT HOW TO SET UP A TEAS TEST DATE***

Return completed application to:

ATTN: PRACTICAL NURSING
Northwest Mississippi Community College
Desoto Center
5197 WE Ross Parkway
Southaven, MS 38671