



Date Application Received \_\_\_\_\_  
Date of Deposit/Payment \_\_\_\_\_  
Student Copy Received \_\_\_\_\_

### Admission Application

Program Cost: \$30.00 application fee (nonrefundable) \_\_\_\_\_

Student Name: \_\_\_\_\_ Date \_\_\_\_\_

Please identify your Program of Study:   \_\_\_ Phlebotomy Technician Program  
  \_\_\_ Electrocardiograph Technician  
  \_\_\_ **Nurse Aide/CNA**

Session 1: Evening/Saturday \_\_\_   Session 2: Day \_\_\_

Anticipated Session Start Date \_\_\_\_\_

Anticipated Session End Date \_\_\_\_\_

#### Student Information

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: Primary: \_\_\_\_\_

Alternate Telephone #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

Are you over the age of 17 (minimum accepting age)? Yes No

One of the following is Mandatory for your student file:

Please select:           Official High School Transcript \_\_\_

                                  GED (Official Certificate with score) \_\_\_

Have you ever been diagnosed with a learning disability or while in school have you ever been assigned an IEP or 504 plans: Yes No

\*This does not determine acceptance but allows us to provide as much help to every student possible.

#### Program Information: Please check your program of interest

Phlebotomy Technician (Clock Hours: 80) \_\_\_\_\_   Nurse Aide/CNA (Clock Hours: 76) \_\_\_\_\_

Electrocardiograph Technician (Clock Hours: 40) \_\_\_\_\_

Licensed by the Mississippi Commission on Proprietary School and College Registration, Certificate No. (License #C694). Licensure indicates only that minimum standards have been met; it is not an endorsement or guarantee of quality. Licensure is not equivalent to or synonymous with accreditation by an accrediting agency recognized by the U.S. Department of Education.