



204 Stateline Road W
 Southaven, Mississippi 38671
 662-253-8543

ADMISSION APPLICATION

(\$30.00 nonrefundable application fee)

Date Application Received: _____
 Application fee paid: YES / NO _____ Amount: _____
 Scholarship Awarded: _____
 Deposit: _____ Date: _____

Student Name: _____ Date of Birth ___/___/___

Please identify your Program of Study:

Traditional Classroom Courses		Online/Blended Courses	
Certified Nurse Aide (CNA) Day: _____ Evening: _____		Accelerated Electrocardiograph Technician (EKG) Certification Course	
Electrocardiograph Technician (EKG) Program		Accelerated Phlebotomy Technician Certification Course	
Phlebotomy Technician Program Day: _____ Evening: _____		Pharmacy Technician Blended Course	

Anticipated Session Start Date: _____ **Anticipated Session End Date:** _____

Student Information

Address: _____

City/State/Zip: _____

Telephone: Primary: _____

Alternate Telephone #: _____

Email Address: _____

One of the following is Mandatory for your student file:

Please select: High School Diploma: ____

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.*



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ADMISSION CHECKLIST

COMPLIANCE	DATE	COMMENT
Application		
High School Diploma/Equivalency		
CPR/BLS		
IMMUNIZATIONS		
TB Skin Test/CXR		
Flu Vaccine		
Varicella		
MMR		
Hepatitis B		
Competency Test		
Drug Test		
Background Check		
School Catalog accessed		Accessed online
Student Handbook		
Book/eBook/Study Materials		
CNA Student Handbook signed		
CNA Kit		
Uniform		
CNA Documents submitted to NH		
Enrollment Agreement Signed		
Refund Policy signed		
Certificate of Completion		
Application for certification		
Certification exam completed		



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