



# ADMISSION APPLICATION

(\$30.00 nonrefundable application fee)

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

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		Pharmacy Technician Blended Course
	Phlebotomy Technician Program with Basic EKG		

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		
<b>IMMUNIZATIONS</b>		
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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