



To: Prospective Student

From: Patti Livingston, RN, MSN
Chairperson, Division of Health Sciences

We are pleased you are interested in a MDCC Health Science Program. The Health Science programs provide a variety of options for students who are seeking employment opportunities in the healthcare field.

The information in this application packet allows the student to apply to the Emergency Medical Technician program.

For an application for Practical Nursing, Phlebotomy, or Health Care Assistant (CNA) programs, contact the Health Sciences Department at 662-246-6503.

For an application for the Dental Hygiene Technology program, contact the Dental Hygiene office at 662-246-6249.

For an application for the Associate Degree Nursing program, contact the Associate Degree Nursing office at 662-246-6407.

Additional information can be obtained from the MDCC web site at www.msdelta.edu.

If you have further questions about the available programs, please call the Health Science department at 662-246-6503; or write to Health Science Department, Mississippi Delta Community College, PO Box 668, Moorhead, MS 38761; or e-mail, Angie Cather, Administrative Support at acather@mdelta.edu.

PLEASE VERIFY THAT ALL PAGES OF THE APPLICATION HAVE BEEN PRINTED.

PLEASE READ ALL PAGES CAREFULLY.

POLICY ON ADMISSION TO HEALTH SCIENCE PROGRAMS

Applicants should obtain the appropriate application packet from the Health Sciences or Associate Degree Nursing administrative office. All required application materials must be submitted by the specified deadline in order for the applicant to be considered for admission.

The admission process is competitive. Each program uses an objective rating scale to evaluate each applicant. Specific areas that are evaluated include (but are not limited to) ACT scores, entrance test scores, academic course work required for the major, GPA or specific course grades, and timely submission of the application.

Acceptance into a Health Science Program is conditional pending results of a drug screen and criminal background check at the applicant's expense. According to Mississippi State Law, an individual may not be eligible for employment in a health care agency if the person has ever been convicted of a felony, or plead guilty to, or plead nolo contendere to a felony of possession or sale of drugs, murder, manslaughter, armed robbery, rape, sexual battery, sex offense listed in Section 45-33-23 (f), child abuse, arson, grand larceny, burglary, gratification of lust or aggravated assault, of felonious abuse and/or battery of a vulnerable adult.

Applicants are notified by letter of conditional acceptance or non-acceptance into a program. Applicants who are conditionally accepted must comply with all orientation requirements in order to preserve a place in the class. Academic and career counseling is available for applicants who are not accepted into Health Science Programs.

POLICY ON READMISSION TO HEALTH SCIENCE PROGRAMS

A student may be considered for readmission to a specific health science program one time only with the following exception: a student who had a passing grade in the classroom and clinical setting, but was forced to withdraw due to illness, accident, pregnancy, or family crisis may be considered for a second readmission.

Each student requesting readmission into a health science program will be considered on an individual basis. The student should contact the appropriate program director/supervisor for the readmission procedure. Space must be available in the class. No precedent will be set by the decision of the committee.

At the discretion of the Chairperson, Division of Health Sciences with the recommendation of the Admission Committee, a student requesting readmission to a health science program may be required to take a challenge exam to assess placement. It may be necessary for the applicant to repeat courses. After admission information is reviewed, every effort is made to readmit students; however, readmission may be denied based on objective data regarding the student's request for readmission.

HEALTH SCIENCE DIVISION

The Health Sciences Division is comprised of Medical Laboratory Technology, Phlebotomy Technician, Radiologic Technology, Dental Hygiene Technology, Practical Nursing, Associate Degree Nursing, Emergency Medical Technician and Health Care Assistant.

Students applying for admission into health science programs must meet the general college admission requirements. In addition, each program has individual requirements. Students wishing to apply to a specific program should consult the Policy of Admission to Health Science Programs and admission requirements specific to the individual program. Due to accreditation requirements, changes may occur in the curricula, course offerings, and course content for programs. It is imperative that students seek advisement on course requirements and selection each semester.

Many students choose to take specific required academic courses prior to applying to health science programs. While this is encouraged, it does not ensure admission to the actual program. Applications to the health science programs are evaluated on a competitive basis.

Mississippi Delta Community College, Health Science Division, complies with all applicable laws regarding affirmative action and equal opportunity in all its activities and programs and does not discriminate against anyone protected by law because of age, color, disability, national origin, race, religion, sex, handicap, or status as a veteran or disabled veteran.

The Health Science programs provide a variety of options for students who wish to enter the healthcare job market. Students who successfully complete Health Science programs are prepared to take national and state licensing or certification exams for practice in the designated discipline.

PRE-HEALTH SCIENCE CURRICULA

The Pre-Health Science Curriculum is for students who wish to prepare for entrance into a health science program. A minimum ACT score of 16 (12 if earned prior to 10/28/89) is required for registration as a pre-health science major.

Pre-health science program courses provide a suggested guide for program preparation. Information on academic courses that can be taken prior to admission to a health science program can be found under each respective program. These academic courses are also transferable into various academic transfer programs of study for completion of an A.A. degree.

POLICY ON ACCEPTANCE OF TRANSFER STUDENTS INTO HEALTH SCIENCE PROGRAMS

The acceptance of transfer students into health science courses is based upon the following:

- space available in the specific course being requested
- evaluation of the applicant's college transcript and course materials including:
 - appropriate grades in all course work being considered for transfer
 - comparable content, semester hours, and clinical experiences in courses being considered for transfer
- letter documenting good standing from administrator of the transferring program
- ability to meet all MDCC requirements for graduation
- individual program guidelines

MISSISSIPPI DELTA COMMUNITY COLLEGE

HEALTH SCIENCES SUBSTANCE USE POLICY

It is the goal of Mississippi Delta Community College to maintain an environment that is free from the effects of intoxicants or other behavior affecting substances. It is our belief that a drug free environment is to the benefit of students and employees of Mississippi Delta Community College as well as the surrounding community.

Preadmission drug screening is required as a part of the physical exam for all students admitted to the Health Science Programs. A satisfactory drug screen is required for admission. All drug screening will be done in a manner to assure verification of an accurate specimen. All students who are tested must be witnessed by an approved MDCC Official or a staff member of the collecting agency. If there are any discrepancies with the specimen, the student may be subject to retesting. If any student(s) is caught falsifying a urine specimen or in possession of a falsified urine specimen that individual(s) will be immediately re-tested and be subject to disciplinary action by the College and the Health Science Department. All prescription medications taken regularly or as needed should be listed on the medical form. The student must notify the program director when taking prescription drugs which affect behavior.

Random and/or group drug screening may take place each semester. Any person in the role of a student in a Health Science Program who exhibits sensory symptoms or behavior indicative of being under the influence of mind altering substances will be required to have a drug and/or alcohol screening performed immediately. The student will be suspended pending test results. Refusal by a student to participate in a drug screening is in violation of the established policy and will result in dismissal.

If any drug screening is positive, the student is dismissed immediately from the program. The student will be given an opportunity to meet with the Program Director and the Department Chairperson. The student will be considered for probationary readmission following completion of a chemical dependency program approved by the Health Science Program at the student's expense. If probationary readmittance is granted, after-care monitoring will be required for the duration of the course of study at the student's expense.

Lab results must be submitted directly from the lab to the Vice President of Student Services. The Vice President of Student Services sends notification of drug testing results to the Health Science Program department chairperson or director. Results are confidential and will be placed in the student's file.

MISSISSIPPI DELTA COMMUNITY COLLEGE

HEALTH SCIENCE DIVISION
SUBSTANCE USE POLICY

I, _____, have read and understand the substance use policy of Mississippi Delta Community College. I grant permission for drug and alcohol testing of myself and acknowledge consent by this signature affixed hereto. I grant permission for the laboratory facility to release lab results to Mississippi Delta Community College.

I understand that I am responsible for providing written documentation from my physician regarding controlled substances that I am taking that could be positively identified in a drug profile.

Student Signature

Date

Witness

Date

MISSISSIPPI DELTA COMMUNITY COLLEGE
HEALTH SCIENCE PROGRAMS

Performance Standards for Admission and Progression

The following performance standards provide descriptions of basic cognitive, sensory, affective, and psychomotor requirements for successful emergency medical technician program completion. Applicants and students who cannot meet one or more of the standards will be considered on an individual basis in terms of whether reasonable modification/accommodation can be made. Reasonable accommodations will be examined in accordance with the Americans with Disabilities Act (ADA) as well as the Performance Standards for Admission and Progression.

In order to successfully complete the health science program, an applicant/student must be able to do the following:

1. **Demonstrate critical thinking sufficient for clinical judgment.**

Examples

- identify cause-effect relationships in the clinical setting
- recognize changes in client's condition

2. **Display interpersonal skills sufficient to interact with individuals, families, and groups in a variety of settings in the community.**

Examples

- respect differences among clients and exhibit an attitude accepting of clients as individuals
- establish rapport in order to communicate effectively with clients, families, significant others, and health team members
- work effectively in small groups as a team member

3. **Demonstrate appropriate verbal and written communication skills.**

Examples

- speak English coherently to clients, families, and other staff members
- clearly explain procedures for clients, families, or groups based on age, lifestyle, and cultural considerations
- provide clear, understandable client documentation based upon proper use of the English language
- convey information to other caregivers

4. **Exhibit physical ability sufficient to assist clients to meet health care needs in a variety of settings, including moving from room-to-room, to maneuver in small spaces, and to negotiate stairwells when necessary.**

Examples

- physical mobility and strength sufficient to propel wheelchairs, etc. through doorways and close fitting areas alone or with assistance
- stand, walk up to 75% of 6 to 12 hour shifts
- stoop, bend, squat, reach overhead as required to reach equipment and provide care
- lift a minimum of 20 pounds of weight
- perform CPR satisfactorily and respond quickly in an emergency situation

5. **Demonstrate gross and fine motor abilities sufficient to provide safe and effective care.**

Examples

- demonstrate physical dexterity and coordination in delivery of care
- perform procedures requiring the use of 2 hands
- pick up, grasp, and effectively manipulate small objects
- calibrate and use equipment

6. **Display auditory, visual, and tactile ability sufficient to safely assess and care for clients.**

Examples

- hear monitors, alarms, emergency signals, and cries for help, telephone, intercom interactions, and public address systems (codes)
- perceive and receive verbal communications from clients, families, and health team members
- read written words and information on paper and computer screens, small print, gauges, measuring cups, and other equipment
- discriminate colors; changes in color, size and continuity of body parts
- discriminate alterations in normal body activities such as breathing patterns and level of consciousness
- observe hazards in environment (water spills, safety rails, restraints) and harmful situations

Please sign and return this form to the EMT Program. This indicates your intention to enroll in the class.

PLEASE CHECK:

_____ I do not require special accommodations for the above standard requirements.

_____ I will need the following accommodations to meet the above standard functions.

Please list: _____

I understand the standard functions and feel that I can achieve the standards described for the Emergency Medical Technician Program.

Signature: _____

Date: _____

EMERGENCY MEDICAL TECHNICIAN (EMT)

Instructors: John Read, Jim Whitfield

This semester program (110 hour minimum) course provides classroom and laboratory instruction for entry level Emergency Medical Technicians following the current National DOT curriculum. Emergency Medical Technician-Basic is an instructional program that prepares individuals to function in the pre-hospital environment. The EMT-Basic program provides instruction in basic life support care of sick and injured persons. This includes airway assessment, communications, documentation, general pharmacology, hemorrhage control, ambulance operations, and splinting of adult, pediatric, and infant patients; and special care of patients exposed to heat, cold, radiation, or contagious disease.

Upon successful completion of the course, students are eligible to sit for the National Registry for Emergency Medical Technicians Basic Testing.

Legal Limitations for Employment as an EMT:

According to Mississippi State Law, an individual may not be eligible for employment in a health care agency if the person has ever been convicted of a felony, or plead guilty to, or plead nolo contendere to a felony of possession or sale of drugs, murder, manslaughter, armed robbery, rape, sexual battery, sex offense listed in Section 45-33-23 (f), child abuse, arson, grand larceny, burglary, gratification of lust or aggravated assault, of felonious abuse and/or battery of a vulnerable adult.

MINIMUM ADMISSION REQUIREMENTS:

Applicants must:

- meet general admission requirements for technical students.
- be a high school graduate or have a satisfactory GED score.
- must have a minimum ACT score of 16 on the enhanced ACT (12 if taken before October 28, 1989), may be waived based on experience.
- submit a signed Background Information Signature form.
- submit a signed, notarized Healthcare Criminal History Background Affidavit.

PROCEDURE:

Applicants must have the following documents on file in the Health Sciences office by July 1 to be considered for admission to the fall class and by November 1 for the spring class:

- MDCC application for admission or readmission
- MDCC application to the EMT Program (Health Sciences Application packet).
- An official high school transcript from an approved high school or GED equivalency score
- An official college transcript, if college work has been completed
- Signed, notarized Healthcare Criminal History Background Affidavit.

Students are encouraged to submit all parts of the application well in advance of the deadline. **Incomplete applications will not be reviewed for admission.**

SELECTION:

No applicant will be considered unless the minimum admission requirements are met. Requirements are based on ACT score and transcript. Meeting the minimum requirements does not guarantee admission into the program. The number of applicants accepted is limited due to the nature of the program.

All applicants are considered on a competitive basis. Admission is tentative based on:

- satisfactory background check (see Policy on Admission to Health Science Program)
- completed Background Affidavit
- acceptable pre-admission drug screen
- health evaluation form completed by a physician or nurse practitioner.

Applicants will be notified by letter of their acceptance or non-acceptance to the program.

STUDENT RESPONSIBILITIES:

Students who are accepted into the program must:

- attend an EMT orientation
- be aware that, in addition to regular college fees, Emergency Medical Technician students will incur expenses for such items as books, physical examination, Hepatitis B vaccination series, background check, and national licensing examination fees
- be responsible for their own transportation to the college campus and clinical agencies

PROGRESSION:

- Students must maintain a “C” average (grade of 75) or better in each component of the course of study in order to complete the program.

READMISSION OR TRANSFER:

Students seeking readmission to the program are considered on an individual basis according to health sciences readmission policies.

Due to the nature of the semester program, students are not eligible to transfer into the EMT program.

COMPLIANCE STATEMENT:

“Mississippi Delta Community College complies with all applicable laws regarding affirmative action and equal opportunity in all its activities and programs and does not discriminate against anyone protected by law because of age, color, disability, national origin, race, religion, sex, handicap, or status as a veteran or disabled veteran.” The following persons have been designated to handle inquiries regarding the non-discrimination policies: Dr. Lynda Steele, Vice President of Administrative Services, Stauffer-Wood Administration Building, P. O. Box 668, Moorhead, MS 38761, 662-246-6558. The students’ contact is: The Center of Learning at 662-246-6251.

EMERGENCY MEDICAL TECHNICIAN

Advisors: John Read, Jim Whitfield

EMT 1116.....6

COST ESTIMATE

(All costs are subject to change without notice; tax not included)

Tuition	\$540.00	
Book – Brady’s Emergency Care	75.00	
Workbook to accompany textbook	45.00	(optional)
Background check	60.00	
National Registry for Licensure fee	70.00	

A physical examination, drug screen and required Hepatitis injection series are also required.

**MISSISSIPPI DELTA COMMUNITY COLLEGE
HEALTH SCIENCE PROGRAMS**

Directions for Application:

In order to be considered for admission into a Health Science Program, all admission requirements must be completed and submitted in a timely manner. Completed applications will be judged on information submitted as part of the application. Students are encouraged to submit all parts of the application well in advance of the deadline. Incomplete applications will not be considered for admission.

1. Applicants **previously enrolled** at Mississippi Delta Community College:
 - a. Complete the enclosed “Application for Readmission”
2. Applicants **who have not attended** Mississippi Delta Community College:
 - a. Complete the enclosed MDCC Application for Admission
3. Mail all application documents to:

Office of Admissions
Mississippi Delta Community College
P.O. Box 668
Moorhead, MS 38761
4. **ALL** applicants must do the following:
 - a. Complete the “Application for Health Science Programs”
 - b. Submit a signed, notarized Healthcare Criminal History Background Affidavit.
5. **ALL** applicants must arrange for an **official** transcripts from **each** school attended other than Mississippi Delta Community college, to be sent to:

Office of Admissions
Mississippi Delta Community College
P.O. Box 668
Moorhead, MS 38761
6. If the applicant has no previous college, an official high school transcript or GED score should be sent to the address in #5.
7. The applicant must verify that the Department of Health Sciences has received an official record of his/her ACT score that is required for the program to which he/she is applying.
8. **The deadline for having the application process completed is July 1 for fall enrollment and November 1 for spring enrollment.** It is the applicant’s responsibility to verify that the necessary information has been received. If all information is not received, the applicant will not be considered for admission.
9. All applicants will be considered on a competitive basis using a variety of criteria which include scores from ACT and previous academic achievement. Meeting minimum requirements does not guarantee admission into the program.
10. All applicants will be notified by letter of acceptance or non-acceptance after the admissions process is complete.
11. Those accepted are admitted tentatively pending: (a) an acceptable pre-admission drug screen, (b) a health evaluation form completed by a physician or nurse practitioner, (c) must have acceptable criminal background check, as required by Mississippi State Law.

LIST OF DOCUMENTS

1. Memo to Prospective EMT student
2. Health Science Division Information]
3. Substance Use Policy and Substance Use Policy Signature Sheet
3. MDCC Catalog/Student Handbook Emergency Medical Technician
5. Cost Estimate
6. Directions for Applications
7. Application for the Emergency Medical Technician program
8. Application for Admission to MDCC
9. MDCC Application for Readmission
10. Background Information Signature Form
11. Healthcare Criminal History Background Affidavit form

MISSISSIPPI DELTA COMMUNITY COLLEGE
HEALTH SCIENCE PROGRAMS

APPLICATION FOR HEALTH SCIENCE PROGRAMS

DIRECTIONS: Complete all of the following applicable information. Your application will be considered incomplete if blanks are left.

“Mississippi Delta Community College complies with all applicable laws regarding affirmative action and equal opportunity in all its activities and programs and does not discriminate against anyone protected by law because of age, color, disability, national origin, race, religion, sex, handicap, or status as a veteran or disabled veteran.” The following persons have been designated to handle inquiries regarding the non-discrimination policies: Dr. Lynda Steele, Vice President of Administrative Services, Stauffer-Wood Administration Building, P. O. Box 668, Moorhead, MS 38761, 662-246-6558. The students’ contact is: The Center of Learning at 662-246-6251.

First Name _____ MI _____ Last Name _____

Maiden Name _____ Home Phone _____ Cell Phone _____

Mailing Address _____ City, State, Zip _____

Social Security Number _____ Birthdate (mm/dd/yy) _____

Age (Optional)* _____ Sex (Optional)* _____ (Data is used for statistical purposes only)

ACT Score _____ Year Taken _____ E-mail address: _____

Have you ever attended a program for health science? YES NO Where? _____

Name of high school you graduated from _____

Have you ever attended Mississippi Delta Community College? YES NO

I give my permission to have a copy of my MDCC transcript obtained by the Health Science Department. _____

The Health Science Department will obtain this copy – you do not need to contact the Admissions Office.

Signature _____

List **all** colleges/universities previously or presently attending:

Are you presently enrolled in any courses? YES NO

If yes, list the courses and the college you are attending. _____

Have you ever been employed in a health care setting? YES NO If yes, please explain.

Present occupation and place of employment and phone number. _____

Will you receive a loan or scholarship to assist with your education? YES NO If yes, describe

Do you plan to work while you are in the program? YES NO

Agency _____ Phone _____ Hours/week _____

Have you ever been convicted of, plead no contest to, or are charges pending against you for a felony or misdemeanor in any state (this includes traffic tickets)? YES NO

If yes, please explain _____

Have you ever been convicted of a felony, or plead guilty to, or plead no contest to a felony of possession or sale of drugs, murder, manslaughter, armed robbery, rape, sexual battery, sex offense listed in Section 45-33-23 (f), child abuse, arson, grand larceny, burglary, gratification of lust or aggravated assault, or felonious abuse and/or battery of a vulnerable adult? YES NO

If yes, please explain _____

Have you ever been disciplined by any state or federal regulatory agency or national certifying agency?

YES NO If yes, provide details _____


All applicants should be advised of the following:

Any statement made on this application which is false and known to be false by the applicant at the time of making such statement, shall be deemed fraudulent and subject the applicant to disciplinary proceedings.

I certify that the information on this application is true and accurate.

Applicant's Signature

Date

 MISSISSIPPI DELTA COMMUNITY COLLEGE	Requesting Admission/Readmission
	_____ Fall Term 20 _____
	_____ Spring Term 20 _____
	_____ Summer Term 20 _____
P.O. Box 668, Moorhead, MS 38761 662-246-6306	
Web Address: www.msdelta.edu	

APPLICATION FOR ADMISSION/READMISSION

PLEASE PRINT OR TYPE PLEASE FILL IN ALL BLANKS

Social Security Number _____ - _____ - _____

Legal Name _____ Date of Birth _____
 (Do not use Last First Middle Month Day Year
 Nickname or initials)

Mailing Address _____
 Street, Box City County State Zip Code

Telephone Number _____
 Area Code

For Statistical Use Only:	Are you Hispanic/Latino? Y N
	If not Hispanic which Race/Ethnicity are you? Circle one of the following:
	American Indian or Alaskan Native Black or African American Native Hawaiian or Other Pacific Islander
	Asian White Two or more races? Y N _____
(Circle One)	Sex: Male Female
	Marital Status: Divorced Married Separated Single Widowed
	Are you a U.S. Citizen? Yes No

High School Attended _____ Date of Graduation _____
 Name of School Month Year

Address of High School Attended _____
 City State Zip

Have you taken the ACT? Yes No When? _____ Did you list MDCC to receive your scores? Yes No

List all prior Colleges or Universities attended, listing the most recent first. Include any attendance at MDCC.

Institution Name	Address (City & State)	Dates of Attendance	Degree Earned

If your original/previous enrollment at MDCC was under a different name, list that full name.

Parent/Spouse: Full Name _____
 Permanent Address _____
 Street/P.O. Box City State Zip Code
 Home Telephone _____ Work Telephone _____

Have you ever been convicted of a felony? Yes No
 If yes, crime committed. _____ Date of conviction _____
 Are you to receive veteran's benefits? Yes No

SEE REVERSE SIDE FOR SELECTION OF MAJOR

A MAJOR MUST BE INDICATED AND YOUR SIGNATURE AND THE DATE MUST BE PRESENT TO VALIDATE THIS APPLICATION CHECK ONLY ONE (1) MAJOR

ALL UNIVERSITY PARALLEL PROGRAMS ARE AVAILABLE WITHIN THE FOLLOWING DIVISIONS (Examples: Elementary Education -Humanities, Psychology -Humanities, Accounting -Business)

UNIVERSITY PARALLEL PROGRAMS

A.A. DEGREES

(Leads to Bachelor's Degree)

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Art | <input type="checkbox"/> Business | <input type="checkbox"/> Biological Sciences | <input type="checkbox"/> Computer Information Systems |
| <input type="checkbox"/> English | <input type="checkbox"/> Foreign Language | <input type="checkbox"/> General Education | <input type="checkbox"/> HPER & D |
| <input type="checkbox"/> Mathematics | <input type="checkbox"/> Music | <input type="checkbox"/> Chemistry/Physical Sciences | <input type="checkbox"/> Pre-Architecture |
| <input type="checkbox"/> Pre-Engineering | <input type="checkbox"/> Pre-Health Profession | <input type="checkbox"/> Humanities | <input type="checkbox"/> Speech /Communication |

TECHNICAL PROGRAMS

(Leads to Associate in Applied Science Degree)

- | | | |
|--|---|---|
| <input type="checkbox"/> Agriculture Mechanics Technology | <input type="checkbox"/> Industrial Electricity/ Industrial Maintenance Technology | |
| <input type="checkbox"/> Computer Network Technology | <input type="checkbox"/> Drafting and Design Technology/ Architectural Engineering Technology | |
| <input type="checkbox"/> Electronics Technology | <input type="checkbox"/> Biomedical Equipment Repair Technology | |
| <input type="checkbox"/> Automotive Technology | <input type="checkbox"/> Sheet Metal Technology | <input type="checkbox"/> Machine Tool Technology |
| <input type="checkbox"/> Culinary Arts Technology | <input type="checkbox"/> Field Crops Technology | <input type="checkbox"/> Precision Agriculture Technology |
| <input type="checkbox"/> Office Systems Technology | <input type="checkbox"/> Accounting Technology | <input type="checkbox"/> Medical Office Technology |
| <input type="checkbox"/> Medical Billing and Coding Technology | | |

CAREER PROGRAMS

(Career Certificate)

- | | | |
|---|--|---|
| <input type="checkbox"/> Agricultural Mechanics | <input type="checkbox"/> Automotive Machinist | <input type="checkbox"/> Automotive Mechanics |
| <input type="checkbox"/> Brick, Block and Stone Masonry | <input type="checkbox"/> Commercial Truck Driving (16 weeks) | <input type="checkbox"/> Construction Equipment Operation |
| <input type="checkbox"/> Industrial Electricity | <input type="checkbox"/> Heating & Air Conditioning (HVAC) | <input type="checkbox"/> Machine Tool Operation |
| <input type="checkbox"/> Sheet Metal | <input type="checkbox"/> Welding | |

HEALTH SCIENCE PROGRAMS

- | | | |
|--|--|--|
| <input type="checkbox"/> Medical Laboratory Technology | <input type="checkbox"/> Associate Degree Nursing (RN) | <input type="checkbox"/> Radiologic Technology (X-Ray) |
| <input type="checkbox"/> Nuclear Medicine Technology | <input type="checkbox"/> Practical Nursing (LPN) | <input type="checkbox"/> Dental Hygiene Technology |
| <input type="checkbox"/> Pre-Health Science Technology | <input type="checkbox"/> Health Care Assistant | <input type="checkbox"/> Emergency Medical Technician |
| <input type="checkbox"/> Phlebotomy
(one semester) | (one semester) | (one semester) |

An official transcript of all previous school work must be submitted to the Registrar's Office by the high school principal or registrar of the last school attended. This should be done as soon as possible after high school graduation or the close of the current semester. DO NOT SEND AN INCOMPLETE TRANSCRIPT EXCEPT FOR NURSING, MEDICAL LABORATORY TECHNOLOGY, RADIOLOGIC TECHNOLOGY, and DENTAL HYGIENE TECHNOLOGY. A statement of acceptance will not be issued to the applicant until the following documents are received and approved by the registrar: (1) a completed application form (inaccurate or incomplete information will invalidate the application); (2) a transcript of your school record or GED scores; and (3) ACT scores.

I have read and understand the conditions of the Student/Patron Use Agreement located at Admission on the MDCC Web Site.. I realize that failure to comply with any of those conditions could result in disciplinary action against me as described in the college's Student Handbook. I also understand that the college is not responsible for any consequences or legal actions that may result because of my misuse of the college network resources. I hereby make application for admission to Mississippi Delta Community College and agree to abide by the regulations of the college.

USUAL SIGNATURE _____ DATE SIGNED _____

Mississippi Delta Community College complies with all applicable laws regarding affirmative action and equal opportunity in all its activities and programs and does not discriminate against anyone protected by law because of age, color, disability, national origin, race, religion, sex, handicap, or status as a veteran or disabled veteran. The following person has been designated to handle inquiries regarding the non-discrimination policies: Dr. Lynda Steele, Vice President of Administrative Services, Stauffer-Wood Administration Building, P.O. Box 668, Moorhead, MS 38761, 662-246-6558. The student's contact is The Center of Learning at 662-246-6251.

MISSISSIPPI DELTA COMMUNITY COLLEGE
DIVISION OF HEALTH SCIENCES
BACKGROUND INFORMATION SIGNATURE FORM

All Health Science students who will be providing direct patient care in health care institutions regulated by the MS Department of Health should be aware that Mississippi law requires background checks for individuals seeking employment in a health care facility.

According to the Mississippi State Law, an individual may not be eligible for employment if the criminal history record check discloses a felony conviction, guilty plea or plea of nolo contendere to a felony of possession or sale of drugs, murder, manslaughter, armed robbery, rape, sexual battery, sex offense listed in Section 45-33-23 (f), child abuse, arson, grand larceny, burglary, gratification of lust or aggravated assault, or felonious abuse and/or battery of a vulnerable adult that has not been reversed on appeal or for which a pardon has not been granted.

Students are asked to submit a signed, notarized Healthcare Criminal History Background Affidavit as part of the admission requirement. If a student is unable to sign the affidavit and would like to continue with the application into a health science program, an appointment should be made with the Director to discuss the circumstances of the felony.

Students admitted to Health Science Programs may be required to complete additional paperwork and pay additional fees related to the background check requirement.

Students assigned to some agencies may also be required to have additional background checks to comply with specific clinical agency contracts which may include criminal record check, credit check, driving history check and license check.

Students must be able to attend clinical agency sites in order to meet the requirements of the specific Health Science Program.

I have been informed of the above information regarding the MS State Law requiring background checks for individuals providing direct patient care in health care institutions regulated by the MS Department of Health.

Signature of Student

Signature of Witness

Date of Signature

***Return this completed form with your application information.**

****This form must be signed by a witness to the applicant's signature for this form to be complete.**

MISSISSIPPI DELTA COMMUNITY COLLEGE
HEALTH SCIENCE DIVISION

HEALTHCARE CRIMINAL HISTORY
BACKGROUND AFFIDAVIT

STUDENT APPLICATION

State of Mississippi, County of _____

Before me, a Notary Public in and for the County and State aforesaid, personally appeared the undersigned _____, who, after being by me duly sworn did state upon his/her oath as follows:

- a. That the affiant is currently making application for enrollment as a health science student at Mississippi Delta Community College.
- b. That the affiant has not been convicted of or pleaded guilty or nolo contendere to a felony of possession or sale of drugs, murder, manslaughter, armed robbery, rape, sexual battery, sex offense listed in Section 45-33-23(f), Mississippi Code of 1972, child abuse, arson, grand larceny, burglary, gratification of lust, aggravated assault, or felonious abuse and/or battery of a vulnerable adult.
- c. That the affiant has not been convicted of or pleaded guilty or nolo contendere to other crimes which Mississippi Delta Community College (1) has determined to be of a nature and/or frequency as to be disqualifying for admission; (2) has adopted such as part of its written policies; and (3) has fully disclosed of such to the affiant prior to his/her requirement during his/her enrollment, in addition to this affidavit.
- d. Further, the affiant sayeth not.

Name of Affiant (Printed)

Signature of Affiant

SWORN TO AND SUBSCRIBED BEFORE ME, this the _____ day of _____, 20_____

Signature of Notary Public

My Commission Expires

