

EAST CENTRAL COMMUNITY COLLEGE

P. O. Box 129
Decatur, Mississippi 39327

Tel. No. 601-635-6294

DIVISION OF HEALTHCARE EDUCATION
e-mail address: bmenn@ecc.edu

Fax No. 601-635-5472

To: Prospective Student

From: Betsy L. Mann, DNP, RN, CNE
Dean, Division of Healthcare Education

Thank you for your interest in a Healthcare Education program at ECCC. You have taken an important step toward an exciting career in nursing.

The information in this application packet allows the student to apply to the Associate Degree Nursing Program.

HEALTHCARE EDUCATION - ADMISSION PROCEDURE

1. If the applicant is not presently a student at East Central Community College, an application to the college must be submitted. You may complete the college application online at www.eccc.edu.
2. Applicants must arrange for **one official transcript** to be sent from any other college(s) attended to the East Central Community College Office of Admissions. **It is the responsibility of the student to contact the Office of Admissions to have these transcripts officially accepted.**

Please note: Only completed application packets will be considered.

All packets must be submitted to the Healthcare Education Division of East Central Community College and contain the following items (**submitted at the same time**).

- A. Program Admission Application;
- B. Copy of transcripts. If you have official transcripts from any other institution(s) you have attended on file and accepted in the Office of Admissions, (**this is the applicant's responsibility**) you may exclude transcript(s) in this application packet;
- C. Applicants must include an ACT score report if the score is not posted on the transcript;
- D. Applicants who have been enrolled in another healthcare program must submit a letter from the program director/dean stating eligibility status.

(LPN to ADN Bridge applicants only)

Applicants to the bridge program must complete and enclose the Employment History Form in addition to the above stated items.

3. Deadline for completed applications is as follows:
 - A. Associate Degree Nursing - May 1 for fall admission;
 - B. LPN to ADN Bridge – November 15 for spring admission;
 - C. Practical Nursing – May 1 for fall admission;
 - D. Surgical Technology – June 1 for spring admission;
 - E. EMT Basic – prior to each semester (class is limited to 20 students);
 - F. EMT Paramedic - by July 15 for fall admission.

THE STUDENT IS TO MEET WITH HIS/HER DESIGNATED FACULTY ADVISOR TO PLAN HIS/HER COURSE OF STUDY FOR EACH SEMESTER. IT IS THE RESPONSIBILITY OF THE STUDENT TO MEET ALL PRE OR CO-REQUISITES. A STUDENT MAY BE DENIED REGISTRATION OR DROPPED FROM A COURSE IF PRE OR CO-REQUISITES HAVE NOT BEEN MET.

ADN CURRICULUM

Prerequisites: BIO 2514 Human Anatomy and Physiology I and BIO 2524 Human Anatomy and Physiology II must be completed prior to beginning the first nursing course, NUR 1116.

First semester

- ENG 1113 English Composition I 3
- EPY 2533 Human Growth and Development 3
- NUR 1116 Nursing I 6
- NUR 1103 Pharmacology 3
- Fine Arts/Humanities Elective* 3
- NUR 2121 Nursing Seminar Attendance

Second semester

- ENG 1123 English Composition II 3
- BIO 2924 Microbiology 4
- NUR 1129 Nursing II 9
- NUR 2121 Nursing Seminar Attendance

Third semester

- PSY 1513 General Psychology 3
- NUR 2149 Nursing III 10
- NUR 2121 Nursing Seminar Attendance

Fourth semester

- SOC 2113 Introduction to Sociology* 3
- SPT 1113 Oral Communication* 3
- NUR 2159 Nursing IV 9
- NUR 2121 Nursing Seminar 1
- NUR 2941 N-CLEX® Review 1

*May be taken in any sequence

Please return to:
Office of Healthcare Education
East Central Community College
P.O. Box 129
Decatur, MS 39327

**EAST CENTRAL COMMUNITY
COLLEGE**
HEALTHCARE PROGRAM
ADMISSION APPLICATION

Date received _____

(Office Use Only)

PLEASE CHECK (✓) THE PROGRAM FOR WHICH YOU ARE APPLYING

Associate Degree Nursing

APPLICANT INFORMATION

Name _____
Last First Middle/Maiden Last 4 digits of SS# Student ID #
Address _____
Street/Apartment Number/P.O. Box City State Zip County
Telephone () _____ () _____
Home Cell or Work E-mail

ACADEMIC INFORMATION*

High School Attended _____ Graduation Date _____
City _____ State _____
GED Test Yes No GED Graduation Date _____ State Where GED Was Taken _____
Have You Taken the ACT? Yes No Composite Score _____ Date Taken _____

List all colleges/universities previously or currently attending, including ECCC.

<i>Name and Location of Institution</i>	<i>Dates of Attendance</i>	<i>Degree Awarded (if applicable)</i>

*An official transcript from each institution attended (excluding ECCC), and/or GED results must be submitted to Admissions, P.O. Box 129, Decatur, MS 39327 before action can be taken on your application.

FELONY/MISDEMEANOR DECLARATION

Have you ever been convicted of or have charges pending against you for a felony or misdemeanor in any state/jurisdiction? Yes No If yes, please attach explanation.

If you have been convicted, pleaded guilty or pleaded no contest to certain felony crimes, you may be unable to obtain licensure/certification or attend clinical or obtain employment in a licensed health care facility in Mississippi. For information, contact the Office of Healthcare Education at 601-635-6293.

PREVIOUS HEALTHCARE PROGRAM ENROLLMENT

Have you ever been enrolled in a school of nursing or other health related program? Yes No

If yes, please answer the following:

	Type of Program	School	City	State
Dates Attended _____ to _____				
		Did you graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

If No, you will need a letter of “good standing” from that program director to accompany your application.

If you successfully completed the program, please provide the following information:

Date of Licensure/Certification/Registration _____

Licensure/Certification/Registry Number _____

Are charges pending against you concerning licensure or practice in any state jurisdiction?

Yes No If yes, please attach explanation

Did you attend allied health classes in high school ? Yes No

CERTIFICATION

I certify that the information I have provided on this application is accurate and that I have not intentionally withheld information requested. I understand that any falsification of information may subject me to dismissal from any program. My signature below also authorizes release of transcripts from all schools previously attended to East Central Community College.

Applicant Signature

Date

Revised 12-1-09

APPLICATION FOR ADMISSION TO EAST CENTRAL COMMUNITY COLLEGE

**Complete and Return to
East Central Community College
Office of Admissions and Records
P. O. Box 129
Decatur, MS 39327**

Applicant Information

Social Security _____ - _____ - _____ ECCCC ID# _____
(To Be Completed by ECCC)

Legal Name: _____
Last First Middle Maiden

Email Address: _____

Legal Home Address: _____

_____ City State ZIP County of Residence

Mississippi Resident: YES NO Country of Citizenship: () United States () Other _____

Home Telephone (____)_____ Cell Telephone (____)_____ *Date of Birth _____ Gender: M F

*What is your ethnicity? () Hispanic or Latino () Not Hispanic or Latino () Decline

*Ethnicity (May Choose More Than One): () Nonresident Alien () Black, Non-Hispanic
() American Indian/Alaska Native () Asian/Pacific Islander
() Hispanic () White, Non-Hispanic () Other

*This information is used for statistical purposes and to provide information required by the U.S. Department of Education in accordance with applicable federal regulations. You are not required to answer these questions; however, an answer would be appreciated.

Parent Information

PARENT OR GUARDIAN: Name _____

Address: _____

_____ City State ZIP County of Residence

Mississippi Resident: YES NO Country of Citizenship: () United States () Other _____

Application Information

Expected Enrollment Date: Year _____ Fall _____ Spring _____ Summer 1 _____ Summer 2 _____

Expected Program Of Study: _____

Academic Information

Official transcripts and ACT scores are required for admissions to be complete

Do you have a: ___ High School Diploma ___ High School Certificate ___ Occupational Diploma ___ GED

Name of High School Attended _____ Graduation Date _____

Location of High School Attended _____

If GED, Date Taken _____ Where did you take the GED? _____

Have ever attended ECCC? YES NO If YES, did you attend using a different name? YES NO

If YES, what name? _____ If YES, what year? _____

Have you taken the ACT? YES NO If YES, did you send your scores to ECCC? YES NO

Have you ever attended or are you currently enrolled in another college? YES NO

If YES, did you attend using a different name? YES NO

List all Colleges attended: _____

Certification

The information I have submitted on this form is correct and complete. I understand that failure to give complete and accurate information in this application could result in revocation of admission to East Central Community College and cancellation of any subsequent enrollment. All transcripts must be filed with the Director of Admissions within 30 days of the application before the process is complete. My signature of the application gives permission for the school(s) I have attended to release my transcripts to East Central.

Your signature: _____ Date: _____

East Central Community College does not discriminate on the basis of race, color, national origin, sex, disability, religion, or age in admission or access to, or treatment, or employment in its programs and activities. Compliance with Title VI of the Civil Rights Act of 1964 and its amendments, Part H of the Higher Education Act of 1964 and its Amendments, Title IX of the Higher Education Act of 1965 and its Amendments, Section 504 of the Rehabilitation Act of 1973 and its Amendments, the Americans with Disabilities Act of 1990, Age Discrimination Act, and the Vocational Education Act is coordinated by the Vice President for Instruction, Walter Arno Vincent Administrative Building, Rm. 171, P.O. Box 129, Decatur, MS 39327. 1-601-635-6202; fax, 1-601-635-4011.