



Practical Nursing Application Checklist

☐ **STEP 1**

Go to <http://www.eastms.edu/> and select the "Apply Now!" link to submit an online application for admission to East Mississippi Community College. Acceptance to East Mississippi Community College does not guarantee acceptance to the Practical Nursing program. Letters of pending acceptance will come from the Director of Nursing and Allied Health.

☐ **STEP 2**

Fill out an application for the School of Nursing (included in this packet). This application should be returned via email at alliedhealth@eastms.edu. Make sure to include letters of recommendation, letters of good standing from former nursing directors, and copy of CNA certification if applicable.

☐ **STEP 3**

Request transcripts to be sent to EMCC from all other educational institutions you have attended- this include high school. (Transfer Request Form included in this packet). Make sure you request transcripts from all schools attended.

☐ **STEP 4**

Make sure your ACT scores (minimum composite score 16 with a subscore of 16 in Reading) are on file in the admissions office or schedule and take your ACT before the June 1st deadline. Please note that due to the COVID-19 pandemic, the deadline for the 2020 application is being extended to June 15.

☐ **STEP 5**

After the deadline you will be notified if you have been selected for pending admission. If you accept a slot in the program, you will be sent an information packet to complete. EMCC does not keep a wait list for admission. If you are not chosen for the program, you must reapply the next time a class starts. It is your responsibility to be sure that all your paperwork is on file prior to the deadline. Remember, just because you request a document to be sent to EMCC does not mean that it was sent or received.

Official Transcript Request Form

Please send an official copy of my transcript to the address checked below.

If you plan to attend the Scooba Campus, Meridian Navy Base Extension, or Macon Extension use this address:

- ☐ East Mississippi Community College • Office of Admissions • P.O. Box 158 • Scooba, MS 39358
662-476-8442

If you plan to attend the Golden Triangle Campus or Columbus Air Base Extension use this address:

- ☐ East Mississippi Community College • Office of Admissions • P.O. Box 100 • Mayhew, MS 39753
662-243-1900

Last School/College Attended

Date of Attendance or Graduation

Name _____
(Please use name you were enrolled under)

Student's Current Address _____
(Number or Street) (City) (State) (Zip)

Student's Email Address _____

Date of Birth _____ Social Security Number ____ - ____ - ____

Signature _____ Date _____

Please send transcript: ☐ Immediately ☐ After grades are posted ☐ After graduation

Note: On high school transcript, please show date of graduation, ACT/ SAT scores, and principal's signature.

Do Not Mail This Form Back To EMCC. Complete It And Mail To Last School Attended. Make Sure You Send The Appropriate Transcript Fee With This Request. Athletes Must Provide Transcripts from All Colleges Previously Attended



**NURSING DEPARTMENT APPLICATION
PRACTICAL NURSING**

Please return application to:
Nursing Department - Practical Nursing East Mississippi
Community College P.O. Box 100
Mayhew, MS 39753

**EMAIL COMPLETED APPLICATION & DOCUMENTS TO
alliedhealth@eastms.edu**

PLEASE TYPE OR PRINT

PRACTICAL NURSING

Due to the COVID-19 global pandemic, the application deadline for 2020 will be extended to June 15.

Personal Information

Name: _____
Last, First, Middle, Maiden

Social Security Number: _____

Address: _____
Street/Apt. #/ P.O. Box, City, State, Zip Code

Email address: _____

Home Phone: _____ Cell: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____ Contact number: _____

Academic Information*

High School Attended _____ Graduation Date _____

School Address, City, State _____

GED Test ____ yes ____ no

List all colleges attended (including EMCC)

Name and location of institution	Dates attended	Major or area of Study	Degree Awarded

* An official transcript from all educational institutions attended and/or GED results must be mailed to
Admissions, EMCC
P.O. Box 100
Mayhew, Mississippi 39753

Have you ever been convicted of, pled no contest to, or are charges pending against you for a felony or misdemeanor in any state/ jurisdiction?

YES _____ NO _____

Have you ever attended nursing school in this or any other program?

Yes _____ NO _____

Please list all schools and dates attended. You must have a letter of good standing from your previous nursing school Director in order to be considered for this program. You are not eligible for consideration if you have had more than one attempt in any nursing program.

Have you filled out an application for admission to EMCC within the last 12 months?

Yes _____ No _____. If not, you must apply to the school for admission before being considered for the nursing program.

Successful completion of the nursing program does not guarantee eligibility to sit for the NCLEX exam or application for licensure. A Board of Nursing may, at its discretion, refuse to accept the licensure application of any person who has been convicted of a felony or misdemeanor or has charges pending on such issues.

I state that the foregoing statements in this application are true and accurate. I am aware that any false, misleading, or incomplete statements made on this application could be grounds for non-admission to, or later dismissal from, the nursing program.

Signed _____

Date _____