



EAST CENTRAL

COMMUNITY COLLEGE

P. O. Box 129
Decatur, Mississippi 39327

Tel. No. 601-635-6293

DIVISION OF HEALTHCARE EDUCATION
e-mail address: sallen@eccc.edu

Fax No. 601-635-5472

To: Prospective Student
From: Sheryl Allen, PhD, MSN, RN
Dean, Division of Healthcare Education

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

The information in this application packet allows the student to apply to the Surgical Technology Program.

The following documents are included in this application packet:

1. Memo to prospective student
2. Application for Healthcare Education Program

If you have questions about any of the healthcare programs at ECCC, please call the Office of Healthcare Education at 601-635-6293.

***Please contact the financial aid office to apply for financial aid during the application process. Delay in financial aid request can delay receipt of benefits.

**** Please contact Student Services for scholarship applications. These applications can be found at www.eccc.edu. Please see the website for scholarship application deadline.

EAST CENTRAL COMMUNITY COLLEGE
HEALTHCARE EDUCATION
SURGICAL TECHNOLOGY PROGRAM

Instructions for Application

In order to be considered for admission into the Surgical Technology Program, all requirements must be completed and submitted by June 1. Completed applications are judged on information submitted as part of the application. It is the applicant's responsibility to ensure that all documents are on file. Incomplete applications will not be considered.

1. Mail all application documents to:

Division of Healthcare Education
East Central Community College
P.O. Box 129
Decatur, MS 39327

2. Applicants who have not attended East Central Community College are to complete the APPLICATION for ADMISSION to the college.
3. Applicants who have had a break in attendance at East Central Community College are to complete the READMISSION APPLICATION to the college.
4. **ALL** applicants must complete the Healthcare Program Admission Application.
5. ALL applicants must arrange for **one official transcript** to be sent from **every** school other than East Central Community College to the Office of Healthcare Education (address is above in #1) **AND one official transcript** from **each** school other than East Central Community College sent to the Office of Admissions, P.O. Box 129, Decatur, MS 39327. Please note that this requirement is for an official transcript to be sent to each office.
6. ALL applicants must send an official ACT score to the Office of Admissions. Please note: the ACT requirement is a minimum score of 16. Please do not submit an application unless you meet this requirement.
7. Deadline for completed application is June 1 for spring admission.
8. All applicants will be interviewed and recommended by the Surgical Technology Admission Committee.
9. All applicants will be notified via email of acceptance or non-acceptance within a few days of the interview. Please make sure the email address on the application is active. All communication and notification from the Office of Healthcare Education will be by email.
10. Candidates must have no visible tattoos on hand or face.
11. Applicants must refer to the college catalog for post acceptance requirements.

Any student accepted into the Surgical Technology program must agree to be randomly tested for drugs and/or alcohol at any point and time while enrolled in the Surgical Technology program. The student is responsible for all expenses associated with testing. (Initial drug testing fees are included in the student's lab fees assessed by the college).

Fingerprinting and Criminal History Background Checks

All Healthcare Education Division students must submit fingerprints, which will be transmitted to the Mississippi Department of Public Safety and run through the Mississippi Criminal Information and Federal Bureau of Investigation databases. **Surgical Technology student candidates must satisfactorily meet requirements for a criminal history background check.** Admission to the program/s may be rescinded and reversed based on review of the students' criminal history record check. The criminal background check will be conducted prior to admission into the nursing program.

All healthcare education students are required to submit to a criminal background check according to Mississippi law prior to any clinical experience. If the person has ever been convicted of a felony, or pleaded guilty to, or pleaded no contest to a felony of possession or sale of drugs, murder, manslaughter, armed robbery, rape, sexual battery, sex offence listed in Section 45-33-23 (f), child abuse, grand larceny, burglary, gratification of lust or aggravated assault, felonious abuse and/or battery of a vulnerable adult they may not be eligible to attend clinical experience, thus forfeiting their slot in the program. The list is not all inclusive and is subject to criterion set forth by the Mississippi Attorney General's office, laws of the state of Mississippi, and misdemeanors by clinical agencies' judgment for participation in patient or resident care.

ALL applicants must submit to fingerprinting and criminal history checks as scheduled. Bring proof of payment from the College business office and 2 forms of identification to include social security card and driver's license. Fingerprinting will be scheduled by the Office of Healthcare Education.

Students who refuse to submit to a criminal history background check or fail to pass the criminal background check review will be refused entry into the program. If a student has a disqualifying event that he/she believes to be in error, it is the responsibility of the student to clear the record prior to participation in a healthcare agency clinical assignment. Students who are dismissed from a Healthcare Education Division program may seek admission into another educational program.

If a student is enrolled in a healthcare education program and is charged with a misdemeanor or felony, the student is responsible for notifying the Dean of Healthcare immediately. Failure to notify the Dean will qualify as grounds for dismissal.

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



**HEALTHCARE PROGRAM
 ADMISSION APPLICATION**

Date received _____

 (Office Use Only)

***Surgical Technology**

APPLICANT INFORMATION

Name _____
 Last First Middle/Maiden 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 Yes No GED Graduation Date _____ State Where GED Was Taken _____

ACT: Date Taken _____

*Validated results of ACT must be submitted with application or on file at Admissions.

List all colleges/universities currently or previously attended, **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 ECCC Admissions, P.O. Box 129, Decatur, MS 39327 **and to the Office of Healthcare Education, P.O. Box 129 Decatur, MS 39327 before action can be taken on your application.*

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.

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 refer to the college catalog.

PREVIOUS HEALTHCARE PROGRAM ENROLLMENT

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

Have you ever been enrolled in a school of nursing or other health related program? Yes No
If yes, please answer the following for each program:

Type of Program	School	City	State	Dates Attended	Did you graduate? Yes or No

*If you did not complete a nursing program, 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

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