

P. O. Box 129 Decatur, Mississippi 39327

### Tel. No. 601-635-6293 DIVISION OF HEALTHCARE EDUCATION e-mail address: ccooley@eccc.edu

CATION Fax No. 601-635-5472

- To: Prospective Student
- From: Donna Everett, 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 <u>Surgical Technology</u> <u>Program.</u>

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 <u>www.eccc.edu</u>. Please see the website for scholarship application deadline.

East Central Community College does not discriminate on the basis of race, color, religion, national origin, sex, age, or qualified disability in its educational programs and activities, employment practices, or admissions processes. The following offices have been designated to handle inquiries regarding the non-discrimination policies of East Central Community College: Inquiries regarding compliance with Title VI and ADEA are coordinated by the Executive Vice President, Walter Arno Vincent Administration Building, Room 171, Post Office Box 129, Decatur, MS 39327, Phone: 601-635-6202, Fax: 601-635-4011, Email: compliance @eccc.edu.

Inquiries regarding compliance with Title IX and Section 504 are coordinated by the Dean of Student Services, Campus Police Building, Post Office Box 129, Decatur, MS 39327, Phone: 601-635-6267, Fax: 601-635-4067, Email: compliance @ecc.edu.

Inquiries regarding compliance with ADA are coordinated by the Director of Student Success, Mamie Ethel Burton Memorial Library, Post Office Box 129, Decatur, MS 39327, Phone: 601-635-6228, Fax: 601-635-2150, Email: compliance@eccc.edu.

#### 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. <u>It is the applicant's responsibility to ensure that all documents are on file. Incomplete applications will not be considered.</u>

- 1. Mail or Hand Deliver all application documents to: *(We will not accept emailed or faxed applications)* 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 or ccooley@eccc.edu) <u>AND</u> **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.
- 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. 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

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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 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. 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



Date received

HEALTHCARE PROGRAM ADMISSION APPLICATION Room 171, Po

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(Office Use Only)

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### \*Surgical Technology

APPLICA	NT INFORMA	ATION				
Name						
	Last	First	Middle/Maiden			Student ID #
	SS#	DOB	E-mail Address (please p			
Addresss_						
	Street/Apar	tment Number/P.O. Box	City	State	Zip	County
Telephon	e (	)	(	)		
		Cell			Other	•
ACADEM	IC INFORMA	ATION*				
High Scho	ol Attended_			Graduation D	ate	
City		State				_
GED	Yes 🗆 No	GED Graduation Date	Sta	te Where GED W	as Taken	

## List all colleges/universities currently or previously attended, including ECCC and any Dual Credit.

Name and Location of Institution	Dates of Attendance	Degree Awarded (if applicable)

\*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 <u>and</u> to the Office of Healthcare Education, P.O. Box 129 Decatur, MS 39327 or escript to <u>ccooley@eccc.edu</u> 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?  $\Box$  Yes  $\Box$  No If yes, please attach explanation.

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\*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 ?  $\Box$  Yes  $\Box$  No

Have you ever been enrolled in a school of nursing or other health related program?  $\Box$  Yes  $\Box$  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?

 $\Box$  Yes  $\Box$  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

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