

**MILES COMMUNITY COLLEGE
NURSING PROGRAM APPLICATION**

Print applicant's Name _____ **(Last)** _____ **(First)**

Admission to the Miles Community College Nursing Program is a **three-step** process. The following is a checklist which will assist you in this process. **This completed application must be submitted by March 15th of the year you are seeking admission in order to be considered an applicant for admission to the Miles Community College Nursing Program. Please write NA if statement is not applicable.**

Step One: Admission to Miles Community College

____ Yes, I have completed and submitted the Miles Community College Admissions application form.

____ Yes, I have received an acceptance letter from the Miles Community College Admission office.

Step Two: ATI Entrance Exams required:

____ Yes, I have completed **both** the ATI Test of Essential Academic Skills and the ATI Critical Thinking Entrance Exams offered through the MCC Nursing program.

____ Yes, I have requested ATI send my Test of Essential Academic Skills **and** Critical Thinking Entrance Exam results to Miles Community College, because I did not take the exams through the MCC Nursing program.

____ Yes, I understand that any ATI Entrance exams taken before October or after February will not be accepted for the MCC Nursing program.

For LPN Students only:

____ Yes, I am currently a licensed LPN and I have completed **both** the ATI Fundamentals of Nursing and the ATI Critical Thinking Entrance Exams offered through the MCC Nursing program.

____ Yes, I have requested ATI send my Fundamentals of Nursing and Critical Thinking Entrance Exam results to MCC, because I did not take the exams through the Miles Community College Nursing program.

____ Yes, I understand that any ATI Entrance exams taken before October or after February will not be accepted for the MCC Nursing program.

Step Three: Application to the Nursing Program

Please note: The deadline for submitting a completed Nursing application is **Mar.15th** of the year you are seeking admission. Please write NA if statement is not applicable.

Yes, I am submitting (in one envelope) all of the required documents including:

____ A Completed Miles Community College Nursing Program Application (this form)

____ Copy of my Nursing admission test scores

____ Letter of reference from previous nursing program (if applicable-see attached)

____ Copy of court documents (if applicable-see attached)

To be placed on the mailing list for notification of testing dates and fees, please submit your name and permanent mailing address to the nursing administrative assistant. The nursing application for admission and all required materials should be sent to the Miles Community College Nursing Department .

Please list all Colleges and University attended, including Miles Community College:

NAME OF SCHOOL	LOCATION	DATES	CR. HRS.	DEGREES

Background information: Please answer the following questions by circling your response. **If you answer “Yes” to any of the questions, please provide a complete description of dates and circumstances on a separate piece of paper.** You must send supporting court documents that are applicable. Miles Community College Nursing Department requires criminal background checks as part of conditional admission to the nursing program. Background checks will be performed only after the applicant has received notice of conditional admission. Drug screening checks may be required for licensure and/or clinical placement. Felony convictions may result in denial of acceptance to the program and/or eligibility of Registered Nurse (RN) licensure.

- Have you ever been convicted, pled guilty or no contest, or received a suspended imposition of sentence for any criminal offense excluding minor traffic violations? **Yes No**
- Have you ever been convicted, pled guilty or no contest, or received a suspended imposition of sentence for any felony? **Yes No**
- Are there any pending criminal proceedings against you? **Yes No**
- Have you ever been treated for abuse or misuse of alcohol or a chemical substance? **Yes No**
- Have you experienced a physical, emotional, or mental condition that has endangered the health or safety of yourself or others? **Yes No**
- Have you ever had a professional license, certification, or registration in Montana or any other states denied, cancelled, limited, suspended or revoked? **Yes No**
- Have you ever appeared, or been requested to appear, before any licensure board concerning any violation by you of any law, rule or regulation of any state, district, territory, or province of the United States or Canada? **Yes No**

My answers to the above questions are true, accurate, and complete to the best of my knowledge. I understand that any falsification will be considered grounds from dismissal from the Miles Community College Nursing Program should I be accepted. I understand that if I am convicted, pled guilty or no contest, or received a suspended imposition of sentence for a felony or other criminal offense (excluding minor traffic violations) while in the nursing program, I will report the offense in writing to the Nursing Program Director. The offense will be referred to the Nursing Admissions Committee. Further action would be subject to the jurisdiction of the Student Code of Conduct.

Applicant’s Signature _____ **Date** _____



DESIGNATED SITE REQUEST

I, _____, wish to be considered for admission to the Miles Community College Nursing Program for Fall Semester 20__ at the following site:

Miles City _____

Glendive _____

Sidney _____

I would consider attending clinicals at the other site if my first choice is not available.

Yes _____

No _____

Name: _____

Address: _____

City, State & Zip: _____

Phone: _____

Email: _____

Student Signature

Date