

# Miles Community College



## Nursing Program Application Form 2024

Applicant Name: \_\_\_\_\_

**\*\* APPLICATION must be POSTMARKED by June 1<sup>st</sup> \*\***

### Submit by

#### Mail

- Miles Community College Nursing Dept.
- 2715 Dickinson St. Miles City, MT 59301

#### Email

- [helmtsk@milescc.edu](mailto:helmtsk@milescc.edu)

#### Fax

- (406) 874-6270

For assistance and information call the Nursing Program Advisor  
(406) 874-6189

# Application Checklist

The completed application is due no later than June 1st to be an eligible applicant to the Miles Community College Nursing Program.

## ***If not currently an MCC student:***

- Submit New MCC College Student application & fee: Apply Now (milescc.edu)
- Submit supporting documents: transcripts (high school, home school, or high school equivalency): Admissions (milescc.edu)
- Register for and complete SOAR (Student Advising, Orientation, Registration): SOAR (milescc.edu)

## ***All Students Applying:***

- Submit MCC Nursing Application
- Provide documentation of Kaplan exam (printout of score if testing was done through a different facility – your name must be on the exam.)
- Provide copy of DD.214 or military ID, if applicable
- Provide copy of immunizations, see requirements pg. 5
- Provide copy of current CPR card for Health Care Providers from the American Heart Association *\*this is the only CPR that will be accepted*
- Complete background check on the Verified Credentials web portal
- Attach documentation (if applicable) of legal issues, any medical waivers for immunizations, explanation of allergies, etc.
- Upon acceptance, complete Chemnet Consortium drug and alcohol testing
- Readmission applicants must include letter of intent if not turned in prior to application

# Applicant Information

Check if request for readmission

## Name

\_\_\_\_\_

Last

\_\_\_\_\_

First

\_\_\_\_\_

Middle

## Address

*notification of acceptance/denial will be sent to this address*

\_\_\_\_\_

Street or PO Box

\_\_\_\_\_

City

\_\_\_\_\_

State, Zip

\_\_\_\_\_

County

## Contact Information

\_\_\_\_\_

Phone Number

\_\_\_\_\_

Email

## Personal Information

\_\_\_\_\_

Social Security Number

\_\_\_\_\_

Date of Birth

## Education History

| High School/Equivalency | City/State | Date of Graduation |
|-------------------------|------------|--------------------|
|                         |            |                    |

**Please list all colleges & universities attended, including Miles Community College**

| Name & Location of School | Major | Dates Attended | Credit Hours | Degree(s) Obtained |
|---------------------------|-------|----------------|--------------|--------------------|
|                           |       |                |              |                    |
|                           |       |                |              |                    |
|                           |       |                |              |                    |

**Licensure (if applicable)**

|   | License Number | State | Expiration/Comments |
|---|----------------|-------|---------------------|
| C.N.A.                                      |                |       |                     |
| L.P.N. *check for transcript considerations |                |       |                     |
| EMT/Paramedic                               |                |       |                     |
| Other field experience:                     |                |       |                     |

**Healthcare Work History (if applicable)**

| Position Held | Date(s) | Employer/Organization |
|---------------|---------|-----------------------|
|               |         |                       |
|               |         |                       |
|               |         |                       |

**Military Experience (if applicable)**

- Active
- Reserve

| Branch | Date(s) | Designation |
|--------|---------|-------------|
|        |         |             |
|        |         |             |

## Immunizations

Applicants must attach proof of the following required immunizations OR proof of positive lab titer:

- Measles (Rubeola), Mumps and Rubella (MMR): 2 doses
- Varicella: 2 doses
- Tetanus, Diphtheria, Pertussis (Tdap) within the last 7 years
- Hepatitis B Series

Upon admission to the nursing program:

- \*2 Step TB Test or IGRA Blood Test or Negative Chest X-Ray
- \*Proof of COVID Vaccine or request for a medical or religious exemption are required

The following are recommended immunizations for nursing students:

- Hepatitis A
- Meningococcal Meningitis
- Influenza or declination form

Acceptable proof of immunizations are copies of immunization records from the applicant's medical provider or a copy from the state immunization registry: [Requesting Immunization Record \(mt.gov\)](https://www.dhs.gov/immization).

## Clinical Site Request

Please indicate your preference of clinical site by ranking the two designated clinical sites, one being most desirable. Placement is determined by number of applicants and/or yearly agreement with the individual sites and is not guaranteed.

- Miles City
- Glendive

## Additional Comments

---

---

---

---

---

---

---

---

# BACKGROUND CHECK

Applicants are required to complete a criminal background check as part of conditional admission to the nursing program. These background checks MUST be completed through MCC's contracted company, Verified Credentials. The cost of the background check is \$100 (subject to change). Applicants need to use the login link as well as the provided code. The appropriate program staff will be able to access the results of your background check through the VC site. Verified Credentials requires Miles Community College to have a signed "Disclosure & Authorization" on file for each applicant. This document has been provided within this packet, please sign, date, and return with the application.

NOTE: This is a TWO step process! Once the background check has been initiated the applicant will receive an email from Verified Credentials asking for further authorization to finalize the background check. The background check is NOT complete until the applicant has acknowledged the email!

## VC Login

- link <https://scholar.verifiedcredentials.com/milescv>

## Codes

- New students: RTPPB-77723
- Readmitted students: PRYWP-79872

## Additional background questions

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 paper. You must send applicable supporting court documents. Additional drug screen 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 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 MCC Nursing Program should I be accepted.

---

Signature

---

Date

# Background Check Disclosure & Authorization

## ***Disclosure for Release of Information: Verified Credentials, LLC***

With your authorization, Miles Community College of Nursing will obtain a background report about you for purposes of your participation in an educational program with it, which may include participation in clinical or other similar programs. The authorization you give will allow the nursing department to obtain this report, as well as additional reports, before and during your attendance there. These reports may include information about your character, general reputation, personal characteristics and/or mode of living, whichever may be applicable. Contained in these reports may be criminal record information about you, information about your prior employment, education, licenses and certifications or other background information about you.

## ***Authorization to Obtain Background Reports***

I certify that I have received, read and understand the separate documents (within the Verified Credentials, LLC site) entitled Disclosure Regarding Background Reports, Disclosure Regarding Investigative Background Reports (if applicable) and A Summary of Your Rights Under the Fair Credit Reporting Act. I authorize (Miles Community College) (the "Organization") to obtain background reports regarding me. To this end, I authorize any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, insurance company and any other person or entity to furnish any background information about me. I agree that a facsimile, electronic or photographic copy of this authorization shall be as valid as its original.

---

Signature

---

Date



# Acknowledgment of Program Admission Requirements

The objective of Miles Community College's Associate of Science in Nursing Program is to prepare individuals to work as an RN. The program's governing bodies, Accreditation Commission for Education in Nursing, Inc. (ACEN) and the Montana State Board of Nursing, require that students seeking admission to the program are subjected to requirements and review procedures above and beyond those associated with general admission to the College.

Please read and initial your understanding/acceptance of the following and include copies of any necessary documentation.

- \_\_\_\_\_ I have signed and included the disclosure and authorization page for a background check. Further, I have initiated the process to have my background check completed. It is my responsibility to report any felonies or treatment for substance abuse to the State Board of Nursing to ascertain eligibility issues for licensure.
- \_\_\_\_\_ I have reviewed the most current Nursing Handbook listed on the Miles Community College website [Nursing \(milescc.edu\)](http://milescc.edu)
- \_\_\_\_\_ Per the Nursing Handbook §5.5, I have attached a copy of my current certification of completion of Basic Life Support for Healthcare Providers by the American Heart Association. I further understand that I must maintain certification for the duration of the program.
- \_\_\_\_\_ In accordance with Nursing Handbook §5.8, I understand that to progress successfully through the program, pass return skills demonstrations, and to function as a nurse after graduation I possess the following: 1) adequate visual acuity with or without corrective lenses, 2) adequate hearing ability with or without auditory aids, 3) adequate physical ability of upper & lower extremities, and 4) sufficient speaking, reading and writing ability of the English language to effectively communicate.
- \_\_\_\_\_ As described in §5.9 of the Nursing Handbook, if I have a documented disability that may impact my progress in nursing courses, it is my responsibility to report the disability to the MCC Disabilities Support Center for necessary accommodations [Disability Support Services \(milescc.edu\)](http://milescc.edu).
- \_\_\_\_\_ If applicable, I have included an explanation on a separate sheet of ANY known allergies to food, drugs, environment, latex, or any other substance that would affect my ability to care for patients.
- \_\_\_\_\_ I understand that it is my responsibility to be informed of and comply with the Student Code of Conduct, detailed in the Academic Catalog & Student Handbook available on the college's website [Academic Catalog & Student Handbook \(milescc.edu\)](http://milescc.edu).

\_\_\_\_\_ I will maintain a high standard of professional behavior and respect for my co-students, patients, faculty, and staff.

\_\_\_\_\_ As dictated by the Montana State Board of Regents, I am aware that the pre-requisite science courses may not be older than five years for application purposes. LPN time restrictions differ (see current catalog).

\_\_\_\_\_ If I have any questions regarding the application process, selective GPA or the points process for selection, I may find the answers to my questions on the Application Flow Chart on the web page [Nursing Application Process \(milescc.edu\)](http://milescc.edu).

\_\_\_\_\_ I understand that if I am selected for the program, I will be expected to complete a drug test (approx. cost \$75). More information will be provided in the acceptance letters.

\_\_\_\_\_ I agree that I will complete the two-step TB screening (approx. cost \$225) and provide those results to the Nursing Department no later than one week prior to the start of class or risk dismissal from the program. (See page 5 for other accepted tests)

\_\_\_\_\_ I agree that I will provide proof of COVID vaccination or submit a request for a medical or religious exemption no later than one week prior to the start of class or risk dismissal from the program.

\_\_\_\_\_ I understand there is a mandatory freshman orientation available online or on the Miles Community College campus in July and I must attend in person or risk dismissal from the program. Information on date and time will be provided in the acceptance letters.