



**MILES COMMUNITY COLLEGE
ASSOCIATE OF SCIENCE NURSING
Application Form**

Applicant Name: _____

APPLICATION DEADLINE:

Must be POSTMARKED by June 1st and submitted by mail or email.

See information below:

For more information contact:

Miles Community College Nursing Dept.

2715 Dickinson St.

Miles City, MT 59301

(406) 874-6189

olsonjl@milescc.edu

NURSING PROGRAM APPLICATION CHECKLIST

Completed applications are due no later than **June 1st** to be considered an eligible applicant to the Miles Community College Nursing Program.

Check boxes to indicate step is complete.

- ☐ Completed MCC Nursing Application form
- ☐ Printout of Kaplan exam if testing was done through a different facility - name must be on exam.
*Does not apply to Pathway Success Students
- ☐ Copy of immunizations (see page 6)
- ☐ Copy of current CPR card from Health Care Providers from the American Heart Association-this is the only CPR that will be accepted *Does not apply to Pathway Success Students
- ☐ Completed background check and signed Authorization & Disclosure (page 7)
- ☐ Attached documentation (if applicable) of legal issues, any medical waivers for immunizations, explanation of allergies, etc.
- ☐ Military applicants provide copy of DD214 or copy of military ID
- ☐ Upon acceptance, a drug screening is required through MCC's contracted partner, Chemnet Consortium
- ☐ Obtain and provide a copy of either a real ID or Passport by August 15th if accepted into the program

If not an MCC student additionally required:

- ☐ Miles Community College General Admission Application & fee submitted
- ☐ Official college transcripts submitted to the MCC registrar's office *High school diploma or equivalent required
- ☐ Complete SOAR (Student Advising, Orientation, Registration) *Available online

Nursing Student Success Pathway Program Applicants (link to site) additionally required:

- ☐ Cover Letter & Resume
- ☐ 2 non-family character references
- ☐ A copy of CNA license if one is currently held

Readmission student additionally required:

- ☐ Letter of intent if not turned in prior to application

APPLICANT

Name:

Last

First

Middle

Address:

Street or PO Box

City

State

Zip

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

County: _____

Phone Number: _____ Email: _____

Social Security Number: _____ Date of Birth: _____

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 _____

Sidney _____

Additional comments: _____

EDUCATION

High School/Equivalency	City/State	Date of Graduation

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)

*Check for transcript considerations

☐

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 (Public Health).

For questions or assistance with obtaining immunization records, visit
dphhs.mt.gov/publichealth/Immunization/CopyofImmunizationRecord

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 link code provided below. 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 (page 7) on file for each applicant; 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!

Link <https://scholar.verifiedcredentials.com/milescs>

Code- RTPPB-77723 (Background Check-Nursing-New Students)

PRYWP-79872 (Re-entry to the program)

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 for dismissal from the MCC Nursing Program should I be accepted.

Applicant's 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 ADMISSION REQUIREMENTS & RECOMMENDATIONS FOR TRADITIONAL PATHWAY APPLICANTS

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

_____ I have signed and included the authorization page for Verified Credentials, LLC (pages 6 & 7). 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 Miles Community College Nursing Handbook, most current version, on the Nursing page of the MCC website at milescc.edu/degreesprograms/Nursing

_____ Per MCC 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 MCC Nursing Handbook, 14.1, 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: adequate visual acuity with or without corrective lenses, adequate hearing ability with or without auditory aids, adequate physical ability of upper & lower extremities, and sufficient speaking, reading and writing ability of the English language to effectively communicate.

_____ As described in 5.8 of the MCC 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 Coordinator, Holly Selk, for necessary accommodations.

_____ 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 & comply with the Miles Community College policies regarding drug & alcohol offenses.

_____ 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 at milescc.edu/DegreesPrograms/Nursing/ApplicationProcess

_____ 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 Office no later than July 15th 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 July 15th or risk dismissal from the program.

_____ I understand there is a mandatory freshman orientation on the Miles Community College campus in July/August and I must attend in person or risk dismissal from the program. (Information on date and time will be provided after student acceptance to invitation to the nursing program).

*After submitting your application, you may be invited for a follow-up interview.
Notifications regarding next steps will be sent via email. Acceptance letters will be*

delivered by both email and mail, and you will have one week to confirm your spot in the program.

