



**Miles Community College  
Nursing Program  
Application Form**

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

**Date of Application:** \_\_\_\_\_

**APPLICATION DEADLINE:**

**Applications & requested documents must be completed and submitted in Complio by June 1<sup>st</sup>. You will need to create an account with Complio and select "nursing package". Please reach out with questions or concerns. You can access**

**Complio at the website below:**

**<http://milescccompliance.com>**

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 1<sup>st</sup>** to be considered an eligible applicant to the Miles Community College Nursing Program.

**Check boxes to indicate step is complete. All information must be uploaded and submitted via Complio.**

- 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 Students***
- Copy of immunizations (see page 6)
- Copy of current CPR-BLS card for Health Care Providers from the American Heart Association-this is the only CPR-BLS that will be accepted ***\*Does not apply to Pathway Students***
- 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 via Complio. ***\*Does not apply to Pathway Students until they are ready to start the Nursing Program courses.***
- Obtain and provide a copy of either a real ID or Passport by August 15th if accepted into the program
- Complete Background check found on Complio.

**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) \*Virtual options available.

**Pathway Program Applicants 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 M.) \_\_\_\_\_

Address (Street or PO Box): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_

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

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 \_\_\_\_\_

**Additional Comments:**

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## 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
<b>C.N.A.</b>			
<b>L.P.N. * Check for transcript considerations</b>			
<b>EMT/Paramedic</b>			
<b>Other field experience:</b>			

## HEALTHCARE WORK HISTORY (if applicable)

Position Held	Date(s)	Employer/Organization

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**MILITARY EXPERIENCE (if applicable)**

**\*Check for transcript considerations**

Active  Reserve

Branch	Date(s)	Designation

**IMMUNIZATIONS**

**Applicants must submit proof of the following required immunizations OR proof of positive lab titer: -All information uploaded and submitted via Complio**

- ✓ 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: -All information uploaded and submitted via Complio**

- ✓ T Spot or QuantiFERON blood test within the last year OR Record of two negative TB skin tests in the last 12 months. If you are providing the two-step documentation the second test must be initiated between 7-21 days after the first negative test was read. *\*Does not apply to Pathway Students*
- ✓ Proof of COVID Vaccine or request for a medical or religious exemption are required
- ✓ Drug screen *\*Does not apply to Pathway Students*

The following are recommended immunizations for nursing students:

- ✓ Hepatitis A
- ✓ Meningococcal Meningitis
- ✓ Influenza or declination form(Due: October 15<sup>th</sup>) – If you choose declination sites may require masks while on site during influenza seasons *\*Does not apply to Pathway Students*

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](https://dphhs.mt.gov/publichealth/Immunization/CopyofImmunizationRecord)

## 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 reviewed the Miles Community College Nursing Handbook, most current version, on the Nursing page of the MCC website at [milescc.edu/degreesprograms/Nursing](http://milescc.edu/degreesprograms/Nursing)

\_\_\_\_\_ Per MCC Nursing Handbook, 5.5, I have uploaded 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. ***\*Does not apply to Pathway Students***

\_\_\_\_\_ 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 physical and communication admission requirements outlined in 14.1.

\_\_\_\_\_ As described in 5.9 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](https://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 \$70) More information will be provided in the acceptance letters. ***\*Does not apply to Pathway Students***

\_\_\_\_\_ 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 August 1<sup>st</sup> or risk dismissal from the program. (See page 5 for other accepted tests) ***\*Does not apply to Pathway Students***

\_\_\_\_\_ 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). ***\*Does not apply to Pathway Students***

**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.**

**Notes:**