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# Admissions Application

**Online Programs and Deposits NON-Refundable.**

**Once program is started No refunds will be given.**

Select Program

* Phlebotomy Technician
* Medical Assistant
* Pharmacy Technician
* Phlebotomy Fast Track 3Day Course
* Patient Care Technician
* EKG Technician
* CPR/BLS
* Dental Assistant
* Chiropractic Assistant
* Ultrasound Technician
* Limited X-Ray Tech
* Medical Billing & Coding

**Program Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Completion Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

## Applicant Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Date: |  |
|  | Last | First | M.I. |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| **Phone:** |  | **Email** |  |

|  |  |
| --- | --- |
| **Course Selection**: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Are you a citizen of the United States? | YES[ ]  | NO[ ]  | If no, are you authorized to work in the U.S.? | YES[ ]  | NO[ ]  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Have you ever attended OTINCC? | YES[ ]  | NO[ ]  | If yes, when? |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Have you ever been convicted of a felony?** | **YES****[ ]**  | **NO****[ ]**  |  |

|  |  |
| --- | --- |
| If yes, explain: |  |

## Education

|  |  |  |  |
| --- | --- | --- | --- |
| High School: |  | Address: |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Did you graduate? | YES[ ]  | NO[ ]  | Diploma: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| College |  | Address: |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Did you graduate? | YES[ ]  | NO[ ]  | Degree: |  |

**Admission Requirements:**

* Must be 18 years of age or older.
* Photo ID
* High School Diploma or GED
* TB skin test, Drug Screen, Local Background Check, Shot record
* Tuition Payment is due in full prior to start of class unless on payment plan.
* **Copy of previous allied health training or certificate.**

## Emergency Contact

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

**Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Tuition**

**Phlebotomy Technician: $650 PP: $350 due at enrollment 2nd week $150 4th week $150**

**Medical Assistant: $1200 PP: $450 due at enrollment $150 monthly (5 payments)**

**Patient Care Technician: $1,400 total: $450 due at enrollment**

**Pharmacy Technician: $1200 PP: $450 due at enrollment $160 monthly (5 payments)**

**Phlebotomy Fast Track 3 Day Program: $500 (Certificate Program) or National License $650)**

**EKG Technician: $650 PP: $350 due at enrollment 2nd week $175 4th week $175**

**Phlebotomy/EKG Combo: $1000 PP: $400 due at enrollment**

**CPR/BLS: $65 AHA/$55 EMS**

**Dental Assistant: $1,000 PP: $450 due at Enrollment. Remanding balance of $550 due within 6 weeks.**

**Chiropractic Assistant: $650 PP: $350 due at enrollment 2nd week $175 4th week $175**

**Limited X-Ray Technician: $1,750 PP: $650 Remanding balance of $1,100 due within 10 weeks of enrollment**

**Ultrasound Technician: $10,000 PP: $1,000 due at enrollment. Remanding $9,000 due over 52 week time frame. Pre-Requisites required for licensure.**

## Disclaimer and Signature

**I certify that my answers are true and complete to the best of my knowledge.**

**If this application leads to acceptance into program of choice, I understand that false or misleading information in my application or interview may result in my dismissal.**

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

**MS Commission on Proprietary Schools & College Registration**

**3825 Ridgewood Rd**

**Jackson MS 39211**

[**http://www.mccb.edu/offices/proprietary-schools**](http://www.mccb.edu/offices/proprietary-schools)

"Licensed by the Mississippi Commission on Proprietary School and College Registration, Certificate No. (insert number). Licensure indicates only those minimum standards have been met; it is not an endorsement or guarantee of quality. Licensure is not equivalent to or synonymous with accreditation by an accrediting agency recognized by the U.S. Department of Education.”