

Application for College Admission

Instructions and Special Information

Please print or type the information on this application. Be sure to use your legal name. If your high school or college records appear under a different name, please indicate that name under previous names. For additional information about admission, campus visits, financial aid, and scholarships, visit www.mchs.edu or call **(515) 643-6715** or Toll Free **(800) 637-2994, ext. 3-6715**.

Application Deadlines for Admission Consideration

Applications for College admission consideration must be received by the Office of Admissions by the following dates:

Fall Semester

Application Deadline: July 1
Transcript Deadline: July 15

Spring Semester

Application Deadline: November 1
Transcript Deadline: November 15

Summer Semester

Application Deadline: April 1
Transcript Deadline: April 15

Applications to the programs below must be received by the Office of Admissions by the following dates:

Diagnostic Medical Sonography

Application Deadline: January 1
Observation Deadline: February 1
Interview Deadline: February 28

Radiologic Technology

Application Deadline: January 1
Observation Deadline: February 1
Interview Deadline: February 28

Application Checklist

- Complete the online **Application for College Admission** or mail your application including the **\$30 Non-refundable Application Fee**. *The fee is waived if you visit campus.*
- Send your Official high school transcript and GED scores (if applicable) to the Admissions Office.
High school transcripts are required for all students including those who have previously attended or graduated from college. If you have completed a GED, a high school transcript and GED scores must be submitted to the Admissions Office.
- Have your **Official ACT/SAT score report** sent to the Admissions Office.
- Send your **Official transcripts** from **ALL colleges and universities** attended to the Admissions Office.
Transcripts are considered official only when they are mailed directly from the school to the College and bear the school seal or the signature of a school official. Students who have completed one class at a college/university or withdrew from one semester, must submit a transcript from that institution to the Admissions Office.
- Provide the Financial Aid Office a copy of their Military Discharge Form (DD214) or Basic Eligibility (DD2283), if applicable.
- If English is not your native language and you did not graduate from a U.S. high school you need to provide a passing Test of English as a foreign Language (TOEFL) score or take the COMPASS Reading test and achieve a score of 81 or higher.

How did you hear about MCHS?

- Please check one:**
- Internet/Website
 - Friend/Family Member
 - Mercy Employee
 - College Fair
 - Newspaper/Magazine
 - Radio
 - Employer
 - Mercy College Student/Alumni
 - Counselor/Advisor
 - Bus/Billboard
 - Campus Visit
 - Posters
 - Class Presentation
 - Government Agency/Grant Referral
 - High School Visit
 - IPCW
 - Open House
 - Diversity Event
 - Phone Book
 - Other _____

Applications will be reviewed once the Admissions Office receives all of the required documents. Admissions Office personnel will determine if criteria for admission to the College have been met.

It is Mercy College's policy to conduct all academic programs and business activities in a manner that is free from discrimination and to provide equal opportunity for and equal treatment of students regardless of race, color, national and ethnic origin, age, sexual orientation, gender identity, religion, creed, physical or mental disability, status as a disabled veteran or veteran of war, or any other factor protected by law.

Applications, documents and transcripts should be submitted to:

Mercy College of Health Sciences, Office of Admissions
921 6th Avenue, Suite A, Des Moines, IA 50309-1222

Mercy College of Health Sciences

Office of Admissions, 921 6th Avenue, Suite A, Des Moines, IA 50309-1222

Phone: (515) 643-6715 Fax: (515) 643-6702 Email: admissions@mchs.edu

Toll Free: (800) 637-2994 ext. 3-6715 Web: www.mchs.edu

For Business Office Use Only

Application Fee Waived

By _____

Application Fee Received

Date _____ Check# _____

Please complete all information. Please type or print clearly. Black or blue ink only.

Personal Information

Date of Application: _____ Social Security No.: _____

Gender (optional): Male Female Marital status (optional): Single Married Divorced Widowed

LEGAL NAME

Last Name First Name Middle Name Maiden Name Previous Name(s)

CURRENT CONTACT INFORMATION

Number and Street Effective until: Month/Day/Year

City State Zip Code Country County (if in Iowa only)

(_____) _____
Home Phone: Area Code and Number Email Address, if available

(_____) _____ (_____) _____ (_____) _____
Work Phone: Area Code and Number Fax Number, if available Cell/Other Phone: Area Code and Number

PERMANENT ADDRESS (if different than above address):

Number and Street City State Zip Code Country County (if in Iowa only)

EMERGENCY CONTACT

Name (_____) Emergency Contact Phone: Area Code and Number Relationship to Contact

Number and Street City State Zip

CITIZENSHIP

Please check one:

United States Citizen

United States Permanent Resident

Other (example: refugee)

Country of Citizenship _____

Country of Citizenship _____

Alien Reg. # from Form I-551 _____

Current Immigration Status _____

Is English your native language? Yes No If not, please explain: _____

Will you be 18 years or older at the time of enrollment? Yes No Birth date: _____

ETHNIC INFORMATION (optional)

Colleges and universities are asked by many, including the federal government, accrediting associations, college guides, newspapers, and our own college/university communities, to describe the ethnic/racial backgrounds of our students and employees. In order to respond to these requests, we ask you to answer the following two questions:

Do you consider yourself to be Hispanic/Latino/Spanish Origin? Yes No

American Indian or Alaskan Native Native Hawaiian or Pacific Islander Asian White Black or African American

RELIGIOUS PREFERENCE (optional)

Roman Catholic

Lutheran

Methodist

Presbyterian

Unitarian

Hindu

Congregational

Baptist

Episcopalian

Christian—Other

Church of Christ

Other

Orthodox

Jewish

Buddhist

Muslim

None

Academic Program Identification

Have you previously applied for admission to Mercy College? Yes No Date: _____

Have you previously attended Mercy College? Yes No Date: _____

SHORT-TERM CERTIFICATE PROGRAMS

Term beginning: Fall 20____ Spring 20____ Summer 20____

Are you applying for a short-term certificate program at this time? Yes No

If yes, please **check one**:

- Critical Care Emergency Medical Transport Emergency Medical Technician- Basic Medical Billing and Coding
 Nursing Assistant (non-degree seeking) Pharmacy Technician (Online)

DEGREE PROGRAMS

Please indicate the program you would like to pursue following completion of any required prerequisites, if applicable. Students are encouraged to enroll in liberal arts and science courses in the Division of Liberal Arts and Sciences at Mercy College to fulfill any program prerequisites.

Term beginning: Fall 20____ Spring 20____ Summer 20____ **Will you be:** Full-time Part-time (less than 12 hrs.)

Are you applying for admission to a degree program at this time? Yes No

If yes, please **check one program of study** from the list below:

(Yearly enrollment in some programs are limited. Early application is encouraged.)

Academic Programs

- | | |
|--|--|
| <input type="checkbox"/> Allied Health Completion (BSAH) | <input type="checkbox"/> Emergency Medical Services (Certificate or ASEMS) |
| <input type="checkbox"/> Health Care Administration Completion (BSHCA) | <input type="checkbox"/> Medical Assisting (Certificate or ASMA) |
| <input type="checkbox"/> Health Science (BSHS) | <input type="checkbox"/> Physical Therapist Assistant (ASPTA) |
| <input type="checkbox"/> Nursing Completion (RN to BSN) | <input type="checkbox"/> Polysomnographic Technology (Certificate or ASPSGT) |
| <input type="checkbox"/> Nuclear Medicine Technology (Certificate) | <input type="checkbox"/> Nursing (ASN) |
| <input type="checkbox"/> Diagnostic Medical Sonography (ASDMS) | <input type="checkbox"/> Radiologic Technology (ASRT) |
| | <input type="checkbox"/> Surgical Technology (Certificate or ASST) |

Do you plan to file for the current year Free Application for Federal Student Aid (FAFSA)? Yes No

Have you taken the ACT or SAT college entrance exams? Yes No

If yes, which test? ACT Date: _____ SAT Date: _____

Have you ever received special needs accommodations for educational purposes? Yes No

(Disclosure of a disability is not a requirement for admission to the College or any of its programs but is required in order to receive academic and/or physical accommodations.)

Secondary Education

List in chronological order the high schools you attended between grades 9–12.

Name of School	City and State	Dates Attended Month/Year to Month/Year	Did you graduate from this school?
		to	<input type="checkbox"/> Yes <input type="checkbox"/> No
		to	<input type="checkbox"/> Yes <input type="checkbox"/> No

If not a high school graduate, have you earned the General Equivalency Diploma (GED)? Yes No Date: _____ Score: _____

Post-Secondary Education

List in chronological order, starting with the first post-secondary institution you attended. all education you have received beyond high school.

Name of School	City and State	Dates Attended Month/Year to Month/Year	Did you graduate from this school?	Degree Earned
		to	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		to	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		to	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Are you currently attending another educational institution? Yes Name: _____ No

Work Experience

List current employment.

Dates of Employment	Name and Location	Position Held	Full or Part-time Position

Health Care Licensures and Certificates

Have you completed any health care training that leads to licensure or a certificate? Yes No

If yes, please check any of the following that you have successfully completed.

Certified Emergency Medical Technician-Basic	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Expiration date: _____	State issued: _____
Certified Medical Assistant (CMA):	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Expiration date: _____	State issued: _____
Certified Paramedic:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Expiration date: _____	State issued: _____
Certified Physical Therapist Assistant:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Expiration date: _____	State issued: _____
Certified Polysomnographic Technologist:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Expiration date: _____	State issued: _____
Certified Nursing Assistant (CNA):	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Expiration date: _____	State issued: _____
Licensed Practical Nurse (LPN):	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Expiration date: _____	State issued: _____
Registered Nurse (RN):	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Expiration date: _____	State issued: _____
Certified Surgical Technologist:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Expiration date: _____	State issued: _____
Other: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Expiration date: _____	State issued: _____

Background Check

To ensure the safety of all clients served by Mercy College students, a Department of Criminal Investigation and a Department of Human Services child and dependent adult abuse check will be conducted. Applicants will be asked to sign forms granting permission to conduct these checks. If you answered yes to any of the questions below, you will be unable to continue through the admissions process until background check forms have been submitted, processed and reviewed.

Do you have a record of founded child or dependent adult abuse? Yes No

Have you ever been placed on the Iowa Sex Offender Registry? Yes No

Have you ever been convicted of a crime in this state or any other state? Yes No

Applicant's Signature

I hereby certify that the statements on this application are correct to the best of my knowledge and I understand that falsification or omission of information may result in denial or rescinding of admission to Mercy College or continuation in any of its programs of study.

Applicant's Signature: _____ Date: _____

Nursing Assistant Questionnaire

FOR NURSING AND POLYSOMNOGRAPHIC TECHNOLOGY APPLICANTS ONLY

Completion of the 150-hour Nursing Assistant course (within the past five years) is required prior to admission to the Nursing and Polysomnographic Technology programs at Mercy College. Please complete the information below that most accurately describes your Nursing Assistant (NA) training. Please check the applicable boxes.

I do not have any NA training.

I am planning to take the 150-hour Nursing Assistant course at Mercy College.

I have made arrangements to take the 150-hour Nursing Assistant course.

When and where? _____

I have previous NA training, but I will need additional coursework to meet the NA requirement.

I will provide written documentation of completion to my admissions counselor.

I successfully completed a 75-hour* course at _____ in ____/____/____.
*within the past five years (date)

I successfully completed a 120-hour* course at _____ in ____/____/____.
*within the past five years (date)

I have met the 150-hour NA requirement and will provide written documentation of completion to my admissions counselor.

PLEASE NOTE: You will not be admitted to the ASN or PSGT programs without this documentation.

I successfully completed a 150-hour course at _____ in ____/____/____.
(date)

If you have completed a NA course are you currently on the Iowa Nurse Aid Registry? Yes No

Please provide your Aide #: _____ Your response will be verified.