

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

Summer Semester

Application Deadline: April 1
Transcript Deadline: April 15

Spring Semester

Application Deadline: November 1
Transcript Deadline: November 15

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

Clinical Laboratory Science

Application and Transcript
Deadline: October 15
Interview Deadline: November 15

Radiologic Technology

Application Deadline: January 1
Transcript Deadline: January 15
Observation Deadline: February 1
Interview Deadline: February 28

Diagnostic Medical Sonography

Application Deadline: January 1
Transcript Deadline: January 15
Observation Deadline: February 1
Interview Deadline: February 28

Application Checklist

Applications, documents and transcripts should be submitted to: Mercy College of Health Sciences, Office of Admissions, 921 6th Avenue, Des Moines, IA 50309-1200.

- Complete and mail your paper application to the Admissions Office including the **\$30 Non-refundable Application Fee** paid by check or money order. *There is no application fee if you apply online at mchs.edu/apply.*
- 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. (Exception: Applicants applying for the following programs DO NOT need to submit high school transcripts: CLS, BSHCA, NMT and BSN.) If you have completed a GED, a high school transcript and GED score 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 will need to provide either the results from the Test of English as a Foreign Language (TOEFL) with a score of 530 or higher and taken within the last two years (71 or higher on an Internet-based test or 197 or higher on a Computer-based test) or take the COMPASS ESL Reading test and achieve a score of 92 or higher or provide the results of a COMPASS ESL Reading test that shows the achievement of a score of 92 or higher and taken within the last two years. Students who achieve a COMPASS ESL Reading test score of 91 or lower will have the option to enroll as a guest student for RDG 095 only.

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.

How did you hear about Mercy College?

- 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
 - Admissions Information Session
 - Diversity Event
 - Phone Book
 - Other _____

Mercy College of Health Sciences

For Business Office Use Only
<input type="checkbox"/> Application Fee Received
Date _____ Check# _____

Office of Admissions, 921 6th Avenue, Des Moines, IA 50309-1200

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

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

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 Suffix (Jr., etc.)

Preferred Name, if not first name (choose only one) _____ Former last name(s), if any _____

Home Phone (_____) _____ Email Address _____

Work Phone (_____) _____ Cell Phone (_____) _____

Current Address _____
Number and Street Effective until: Month/Day/Year

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

Permanent Address (if different than above address)

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

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

Number and Street City State Zip

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

Is English your native language? Yes No TOEFL Score: _____

Demographics

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 _____

How would you describe yourself? (optional)

Colleges and universities are asked by many, including the federal government, accrediting associations, college guides, newspapers, and our 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 **both** of the following **two** questions:

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

In addition, select one or more of the following racial categories to describe yourself:

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

Religious Preference (optional)

- | | | | | |
|---|---|------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Roman Catholic | <input type="checkbox"/> Lutheran | <input type="checkbox"/> Methodist | <input type="checkbox"/> Presbyterian | <input type="checkbox"/> Unitarian |
| <input type="checkbox"/> Hindu | <input type="checkbox"/> Congregational | <input type="checkbox"/> Baptist | <input type="checkbox"/> Episcopal | <input type="checkbox"/> Christian—Other |
| <input type="checkbox"/> Church of Christ | <input type="checkbox"/> Orthodox | <input type="checkbox"/> Jewish | <input type="checkbox"/> Buddhist | <input type="checkbox"/> Muslim |
| <input type="checkbox"/> Other | <input type="checkbox"/> None | | | |

Are you a US Armed Service Veteran? (optional) Yes No

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? Yes No

If yes, please **check one**:

- Emergency Medical Technician-Basic Medical Billing and Coding Nursing Assistant (non-degree seeking)

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 School 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? 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"/> Clinical Laboratory Science (Certificate) | <input type="checkbox"/> Polysomnographic [Sleep] Technology (ASPSGT) (Online) |
| <input type="checkbox"/> Diagnostic Medical Sonography [Ultrasound] (ASDMS) | <input type="checkbox"/> Nuclear Medicine Technology (Certificate) |
| <input type="checkbox"/> Emergency Medical Services [Paramedic] (Certificate or ASEMS) | <input type="checkbox"/> Nursing (ASN) |
| <input type="checkbox"/> Health Care Administration Completion (BSHCA) (Online) | <input type="checkbox"/> Nursing Completion [RN to BSN] (BSN) (Online) |
| <input type="checkbox"/> Health Science (BSHS) | <input type="checkbox"/> Radiologic Technology [X-Ray] (ASRT) |
| <input type="checkbox"/> Medical Assisting (Certificate or ASMA) | <input type="checkbox"/> Surgical Technology (Certificate or ASST) |
| <input type="checkbox"/> Physical Therapist Assistant (ASPTA) | |

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: _____

Secondary Education

List in chronological order the high schools you attended between grades 9–12. (Applicants applying for the following programs DO NOT need to complete this section: Clinical Laboratory Science Certificate, Bachelor of Science in Health Care Administration, Nuclear Medicine Technology Certificate and Bachelor of Science in Nursing.)

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
		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 No Name of Institution: _____ No

CURRENT COURSE SCHEDULE

List all college courses in which you are currently enrolled.

Please convert quarter hours to semester credit hours, if applicable. Quarter hours convert to semester credit hours at the value of 1 quarter hour = 2/3 semester credit hour.

Course Number	Course Title	Credit Hours
MAT 101	College Algebra	3

PLANNED COURSE SCHEDULE

List all college courses you are planning to enroll in next semester at Mercy College (or other institution).

Please convert quarter hours to semester credit hours, if applicable. Quarter hours convert to semester credit hours at the value of 1 quarter hour = 2/3 semester credit hour.

Course Number	Course Title	Credit Hours
MAT 101	College Algebra	3

Employment and Professional Experience

List employment and professional experience. Begin with most recent position.

Dates of Employment	Name and Location	Position Held	Number of Hours Worked per Week

Health Care Licensures and Certificates

Have you completed any health care education 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 national criminal background check and child and dependent adult abuse checks will be conducted. Applicants will be asked to sign forms granting permission to **CertifiedBackground.com** to conduct these checks. If you answer 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

Failure to disclose a criminal record of any nature including deferred judgments or expunged offenses will result in denial of admission. 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.

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.

Applicant's Signature

As future members of the healthcare profession, the students of Mercy College of Health Sciences bear a special responsibility to maintain high ethical standards for the profession. Accordingly, it is expected that each student will scrupulously regard the rights of others and will observe high ethical standards of both personal and professional conduct. The Mercy College of Health Sciences Academic Integrity Statement sets forth our expectations for our students.

All Mercy College students are bound by the Academic Integrity Statement and Student Handbook. I agree to be bound by the Academic Integrity Statement and Student Handbook as they are adopted. The Academic Integrity Statement and Student Handbook are, however, not the exclusive sources of professional standards and student disciplinary rules and procedures. Mercy College reserves the right to establish, modify and enforce academic and professional standards governing satisfactory performance of students and their conducts while enrolled at Mercy College.

I certify that the information contained herein and in any supplemental documents submitted to Mercy College is true, correct and complete to the best of my knowledge. I shall promptly notify Mercy College school officials in the event that anything happens prior to my enrollment at Mercy College that would change the information contained in this application or its supporting documents. I understand that the obligation to report changes extends to the period of time during my enrollment as well. I understand that any false or misleading statement, omission of subsequent or material facts, or incomplete application may be the basis of denial of admission, revocation of an offer of admission, or dismissal from Mercy College of Health Sciences, if already enrolled.

Please be advised that admission to and graduation from Mercy College of Health Sciences does not guarantee employment in the healthcare profession. Mercy College of Health Sciences makes no representation regarding a student's eligibility to be licensed in any healthcare profession or ability to be employed in the healthcare profession.

Applicant's Signature _____ Date _____

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.