

## Community Student Application

The Southeast Missouri Hospital College of Nursing and Health Sciences accepts students from the community who wish to enroll in courses but not pursue a degree or certificate program.

Applicants must provide the following:

- Completed application form
- Completed background check form
- Copy of driver's license, state issued identification, US passport, or current US military ID card
- \$45 non-refundable application and background check fee

Applicants must also request any one of the following items be sent directly from the institution to the Registrar:

- High school transcript showing graduation date
- State issued high school equivalency transcript (online search will be conducted by Registrar for high school equivalency tests taken in Missouri)
- Letter or official transcript from current college or university stating good academic and disciplinary standing
- Letter from high school counselor stating status as a current high school student who has completed at least the junior year with cumulative high school GPA of at least 2.5 on a 4.0 scale and recommending enrollment in the College
- Letter from a home school teacher indicating completion of a minimum of 18 high school units with a cumulative GPA of at least 2.5 on a 4.0 scale and recommending enrollment in the College

Applicants who are admitted as Community Students may enroll in classes for up to two consecutive terms. Only courses classified by the College as general education are available to community students. Courses with prerequisite requirements will require proof of meeting the prerequisite such as a college transcript or placement test scores. **Community students will be placed in courses on a space available basis after regularly admitted students have completed enrollment for the upcoming semester.** Applicants may contact the Registrar to inquire as to course availability before completing this application.

Community students who later wish to apply as a certificate- or degree-seeking student at the College will need to complete the regular admission form and meet all regular admission requirements. Completing courses as a community student does not guarantee regular admission.

Community students are not eligible for financial aid due to the non-certificate or non-degree status. A \$100 deposit is due for each course at time of enrollment. Refunds of the deposit will be issued only if a written request to withdraw from the course is received at least 2 weeks before the start date of the course. The remaining balance is due before the start date of each course. Refunds other than the deposit will be offered based on the published refund schedule.

Applicants should bring the completed application, background check form, and \$45 application fee to the College Monday thru Friday 8 a.m. to 4:30 p.m. or mail to:

Debbie Howey, Registrar  
Southeast Missouri Hospital College of Nursing and Health Sciences  
2001 William Street  
Cape Girardeau, MO 63703

## Community Student Application

Please print.

Full legal name: \_\_\_\_\_  
First Middle Last Maiden/Previous

Social Security Number: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
mm/dd/yyyy Male Female  
circle one

Mailing address: \_\_\_\_\_  
Street City ST Zip County

Permanent address: \_\_\_\_\_  
Street City ST Zip County

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Email address: \_\_\_\_\_ US Citizen or permanent resident? Yes No

Term for which you are applying: Summer Fall Spring Year \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
First Last

Address: \_\_\_\_\_  
Street City ST Zip

Phone: \_\_\_\_\_  
Home cell work

I am applying as: (check one)

\_\_\_\_ Community member (requires transcript showing completed high school graduation)  
Name & location of high school \_\_\_\_\_  
Date & location of high school equivalency exam (GED) \_\_\_\_\_

\_\_\_\_ Visiting student from another post-secondary institution (requires letter/form/transcript from my home institution)  
Name & location of home institution \_\_\_\_\_

\_\_\_\_ High school student (requires letter sent from the high school counselor or home school teacher)  
Name of high school or home school teacher \_\_\_\_\_

Have you ever been suspended or dismissed from any school/college? Yes No  
Have you ever been placed on academic or disciplinary probation? Yes No  
Have you ever been convicted of a criminal offense? Yes No

If you answered "Yes" to any of the above questions, please explain the reason or nature of the offense. Include all offenses even if you may have been told the offense would not appear on your record.

Course(s) for which you plan to enroll: \_\_\_\_\_

At the end of the term you will need to request an official transcript be sent to your home institution. A transcript will not be sent automatically.

I affirm that all information supplied is complete and accurate. I understand that any misrepresentation or change of facts could be cause for refusal of admission, cancellation of admission, or suspension from the College.

\_\_\_\_\_  
Legal signature

\_\_\_\_\_  
Date

# MHA Management Services Corporation - Background Check Request Form

5/24/2011

MHA Management Services Corporation  
 P.O. Box 6766, Jefferson City, MO 65102  
 Phone: 573/893-3700 Fax: 573/893-7669

Name: Southeast Missouri Hospital College of Nursing and Health Sciences, 2001 William St., Cape Girardeau, MO 63701  
 Phone: 573-334-6825 Fax: 573-339-7805

First Name	Middle Name	Last Name

Alias/Maiden Name	Check Alias Name?	Will Employee's Salary Exceed \$75,000?
	<input type="checkbox"/> YES - Additional Charges May Apply <input type="checkbox"/> NO	<input type="checkbox"/> NO <input type="checkbox"/> YES

Social Security Number	Date of Birth	Race	Gender
	- -		<input type="checkbox"/> M <input type="checkbox"/> F

Mailing Address (NO P.O. Boxes)	City	State	Zip

As part of the  employment  volunteer  student  credentialing process, I consent to the release of my criminal background records and motor vehicle driving records or any search listed below by any and all states or agencies holding such records. I also agree to an investigation and the obtaining of a consumer report solely for  employment  volunteer  student  credentialing purposes. By signing this consent, I acknowledge I have received in writing a Disclosure Regarding Procurement of a Consumer Report. I understand that the Company named above may use this consent on multiple occasions to request such consumer reports. This consent will remain effective until I have affirmatively revoked it.

Signature of Applicant \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

### BACKGROUND SEARCHES

**OIG** (Medicare/Medicaid Fraud & Abuse)  
  **GSA** (Federal Procurement Fraud)  
  **\*\*FCSR** (Must Fax Necessary Documents)  
 **SSN Verification Plus** (Address & Alias Name are included)  
  **Address Verification**  
  **Alias Name Search**

**Government Watch List**  
 (includes DOC Entity List & Denied Persons List, DOT Specially Designated Nationals & Blocked Persons List, DOS Proliferation List & more)

**\*MO DSS** (Child Abuse/Neglect) - Need Address/No P.O. Boxes  
  **TN Abuse Registry**  
 **\*\*MO Mental Health Employee Disqualification Registry**

Federal Courts through PACER:  Nationwide or  State 1: \_\_\_\_\_ Sex Offender:  Nationwide or  State 1: \_\_\_\_\_

**Driving Record Check:** State \_\_\_\_\_ DL# \_\_\_\_\_ (You will be notified if release is needed)

**Professional License Verification:** State \_\_\_\_\_ Type: \_\_\_\_\_ License Number: \_\_\_\_\_

**Education Verification** (You will be notified if release is needed)  
 School Name: \_\_\_\_\_ City/State: \_\_\_\_\_/\_\_\_\_\_ Graduation Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Degree Type Earned: \_\_\_\_\_ (BSN, B.A., etc.) Major: \_\_\_\_\_ Alias While Attending: \_\_\_\_\_  
 If additional Verifications are needed, refer to application during data entry or document on another Background Check Request Form.

**Employment Verification**  
 Company: \_\_\_\_\_ Address: \_\_\_\_\_ City/State: \_\_\_\_\_/\_\_\_\_  
 Phone: \_\_\_\_/\_\_\_\_-\_\_\_\_ Supervisor: \_\_\_\_\_ Starting Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Ending Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Title: \_\_\_\_\_ Duties: \_\_\_\_\_  
 Starting Wage: \$ \_\_\_\_\_ Yr/Hr Ending Wage: \$ \_\_\_\_\_ Yr/Hr Reason for Leaving: \_\_\_\_\_  
 If additional Verifications are needed, refer to application during data entry or document on another Background Check Request Form.

### LIST CITY/COUNTY CRIMINAL SEARCHES NEEDED

States with county by county access only: CA, MA, WV and WY

County 1: \_\_\_\_\_ State: \_\_\_\_\_ County 2: \_\_\_\_\_ State: \_\_\_\_\_ County 3: \_\_\_\_\_ State: \_\_\_\_\_

**Puerto Rico Repository** (Felony Only Search & requires Mother's Maiden Name) \_\_\_\_\_

### STATEWIDE CRIMINAL

A Statewide/State Repository houses records from all jurisdictions throughout the state.

AL\*  AK  AZ  AR\*  CO  CT\*  DE  DC\*  FL  GA\*  HI  ID\*\*  IN  IA\*\*  
 KS  KY  LA\*  ME\*  MD  MI  MN  MS\*  MT  NE  NV\*  NH\*\*  NJ  
 NM\*  NY\*  NC  ND\*  OH  OK  OR\*  PA  RI\*  SC  SD  TN  TX  UT\*  
 VA\*  VT\*  WA  WI

Note: Louisiana, Nevada & Ohio are Felony Only Searches

**Illinois Health Care Criminal** — Compliance with Illinois Health Care Worker Background Check Act  
 (IL State Police Full-State Repository Criminal)

**MO Statewide Criminal** — Includes MO sex offender search, no extra charge  
 (MO State Hwy. Patrol Full-State Repository Criminal)

**\*Requested Form(s) & \*\* Requested Special Form(s) must be faxed to MSC 573/893-7669 or emailed**