



JMM Proprietary HealthCare Institute

Jackson Medical Mall ~ 350 W. Woodrow Wilson Drive, Suite 3620 Jacksons,
Mississippi 39213 ~ Phone: O - 601.364.1188 - F - 601.364.1180

Application For Admission To Programs

CNA Phlebotomy | DAY EVENING

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Home Phone: () _____ Date of Birth: _____

Cell Phone: () _____ Social Security Number: _____

E-mail Address 1 _____ E-mail Address 2 _____

High School Attended _____ Graduation Date/GED Completed _____

Have you ever attended a health science program? YES NO If yes, where?

Have you ever been employed in a health care setting? YES NO If yes, explain:

Have you ever been convicted of a felony? YES NO If yes, crime committed _____

Date of Conviction _____

TO ALL CNA STUDENTS

All students who will be providing direct care in health care facilities will follow the guidance as directed by the Center for Disease Control (CDC) and the Mississippi Department of Health.

TB skin tests and Covid-19 vaccination recorded results/records are needed to complete admission requirements into the program. Students must be able to attend clinical agency sites in order to meet the requirements of this specific program. The signing of this admissions application verifies that you have been informed of these specific requirements.

Jackson Medical Mall Proprietary HealthCare Institute will provide you with a 96 hr. training program that will prepare you to take the Mississippi Certification Examination. Upon successful completion and passing of our program, you will be awarded a certificate of completion.

I certify that the information on this application is true and correct.

Applicant's Signature

_____ Date

