NORTH MISSISSIPPI
MEDICAL CENTER

Last Name First Name Cell Phone

Street Address City State Home Phone

Birth Date E-Mail Address

Emergency Contact Name Phone Number Relationship to you

School

Work History:

Employer_____

Dates of Employment

_____

Extracurricular Activities:

List and describe activities:_____

_____

_____

Check any that apply to you:

Taken Allied Health Class	___yes ___ no
Taken Anatomy and Physiology classes	___yes ___ no
I am currently CPR certified	___yes ___ no
I have shadowed a health care career	___yes ___ no
I have earned college credit	___yes ___ no

If so, what classes_____

If accepted into the program, you will be provided a T-shirt, scrub pants and top. Please mark the size you will need if selected:

T-shirt size	___S	___M	___L	___XL	___2X	___3X
Pant size	___S	___M	___L	___XL	___2X	___3X
Top size	___S	___M	___L	___XL	___2X	___3X