



2014 Application

The NMMC Mentorship Academy is a model program created by the Mississippi Office of Nursing Workforce. The Academy targets up to 20 students per class with interests in the field of nursing or other health careers. The students will be trained and mentored in a state-approved, 80 clock-hour Certified Nurse Assistant program.

NAME _____

STREET ADDRESS _____ CITY _____ ZIP _____

HOME PHONE _____ CELL # _____ EMAIL _____

EMERGENCY CONTACT _____ PHONE _____

DATE OF BIRTH _____

SCHOOL _____ GRADE _____

PARENT OR GUARDIAN _____

PLACE OF EMPLOYMENT _____ PHONE _____

ARE YOU CURRENTLY EMPLOYED? ____ IF SO, WHERE? _____

DO YOU HAVE A STABLE MEANS OF TRANSPORTATION? _____

WHAT SPECIFIC HEALTH CARE CAREER ARE YOU INTERESTED IN? _____

HAVE YOU EVER WORKED/VOLUNTEERED IN A MEDICAL SETTING? IF SO, WHERE? _____

ARE YOU CURRENTLY CPR CERTIFIED? ____ IF SO, PLEASE ATTACH A COPY OF YOUR CARD.

The Academy will meet two days per week for approximately five (5) weeks. Tuesday's will be class time and tutoring from 3-5 p.m. Thursdays will be for special speakers and job shadowing from 2-5:30 p.m. You will receive a schedule so that you can plan your transportation in advance.

- You must have (2) letters of recommendation from your teachers/employers submitted with your application. The letters need to address strengths, weaknesses, leadership qualities and any information they deem important for us to better know you. The letters may be faxed by the teacher or employer directly to Rosalyn Campbell at (662) 377-6221 or emailed to rcampbel@nmhs.net.
- You must submit a written essay stating why you would like to be in the Mentorship Academy, how the program will benefit your future plans, any experience or training you have had in health care, your strengths and weaknesses, any Allied Health class you have taken, and any other information pertinent information.
- You must submit a copy of your transcript from 9th grade through the last semester you completed.
- You will be given uniform/scrubs for the Academy that must be worn each time you go to the hospital and the Certified Nursing Assistant class in the summer. (Any student who does not wear his/her uniform will not be allowed to participate and will be counted absent for that day.)

Shirt Size ___S ___M ___L ___XL ___2XL

Pant Size ___S ___M ___L ___XL ___2XL

I have read the above information and understand that if I am chosen I am expected to attend both phases of the program in the Spring and Summer. If for any reason I cannot attend, I will not continue with the application/selection process. I accept responsibility for being a student in the Mentorship Academy and if selected will abide by all guidelines given to me.

Signature

Date

Parent/Guardian

Date