



All health care students are required to meet definite standards for the profession and for practical performance. Upon acceptance into one of the aforementioned courses/programs, students will be expected to sign the following document validating their ability to meet the stated requirements.

The following are specific requirements of all students:

- Ability to stand, sit, walk, push and squat
- Ability to lift and/or carry 125 pounds
- Ability to reach in forward, lateral and overhead motions
- Ability to climb stairs
- Ability to distinguish distance, colors, objects and persons
- Ability to demonstrate depth perception
- Ability to hear conversation, monitor equipment, perform auscultation, use telephone and distinguish background noise
- Ability to distinguish sharp/dull and hot/cold
- Ability to perform fine and gross motor skills with both hands
- Ability to think clearly and calmly in stressful situations
- Ability to communicate effectively, verbally and in writing, using appropriate grammar, spelling and vocabulary
- Ability to work cooperatively with others

I have read the above technical standards and acknowledge that I can comply with each of them.

Applicant signature

Social Security or student ID number

Printed name

Date



Select appropriate areas:

<input type="checkbox"/> South Omaha Campus	<input type="checkbox"/> Fall (days)	<input type="checkbox"/> Spring (evenings)	Section # _____
<input type="checkbox"/> Fremont Campus	<input type="checkbox"/> Winter (days)		Section # _____

Personal (print or type)

Full legal name _____
(last) (first) (full middle) (maiden)

Social Security _____

MCC student ID _____

Home address _____
(street) (city) (state) (ZIP)

Telephone (required) _____
(home) (work) (cell)

Email _____
(MCC email account) (personal email account)

Gender: male female prefer not to answer Birth date _____
(month) (day) (year)

Employer _____
(name) (address)

Marital status: single married widowed divorced

U.S. citizen: yes no

If no, type of visa: student permanent other _____

Have you previously enrolled at MCC? yes no dates _____

Do you have a high school diploma or GED year received _____

Name of granting institution _____

Address of granting institution _____
(street) (city) (state) (ZIP)

Colleges previously attended other than MCC (if applicable):
(In order to complete the application process, all colleges/universities you have attended must send an official academic transcript to Metropolitan Community College, Records, P.O. Box 3777, Omaha, NE 68103-0777 or transcripts@cccneb.edu.)

	College	Address	Dates attended
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____