The NMMC Mentorship Academy is a model program created by the Mississippi Office of Nursing Workforce. The Academy targets up to 15 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.

_____

Last Name First Name Cell Phone

_____

Street Address City State

_____

Birth Date & Year Email Address

_____

Parent or Guardian Phone Number Relationship to you

_____

School

Would you like to be notified via text_____ or email_____?

Please list extracurricular activities or employment _____

_____

_____

What specific health career are you interested in? _____

Are you CPR certified? Yes_____ or No_____.

The Mentorship Academy will meet two days per week for approximately six (6) weeks. Tuesdays will be class lecture from 2-4 p.m. and Thursdays will feature guest speakers, life skills and job shadowing from 2-5:30 p.m. You will receive a schedule so that you can plan for transportation in advance. The 80 hour Certified Nursing Assistant Program will be held in June at ICC Belden.

- 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 be able to identify who you are as an individual.

- 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 that you feel pertinent to share.

- You must submit a copy of your transcript from 9th grade through the last semester you have completed.

Completed packet can be emailed to alnorwood1@nmhs.net or mailed to:

NMHS Human Resources Department
Attn.: Emilee Russell
830 South Gloster Street
Tupelo, MS 38801

Packet deadline: 3 p.m. Jan. 23

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*