

**COAHOMA COMMUNITY COLLEGE
PRACTICAL NURSING PROGRAM**

Application & Admission Procedure for Fall 2024

General Information

The application submission time frame for the Practical Nursing Program is February 1, 2024– April 26, 2024.

Contact the Practical Nursing Department at (662-621-4687) for clarification or questions regarding the application process.

Summer Requirements for Fall 2024 Admission to the Practical Nursing Program

If accepted to the Practical Nursing Program, the following must be completed before the Fall 2024 enrollment is allowed:

1. Successful completion of the *Health Sciences Summer Enrichment Camp* on **July 17, 2024 at 9:00 a.m. at the Robert G. “Brick” Mason Health Science Building.**
2. Successful completion of additional program-specific requirements as indicated in the application procedure.

Application to Coahoma Community College

An *application to Coahoma Community College* must be made or updated before applying to the Practical Nursing Program.

Right click on the following hyperlink to access the [CCC Application for Admission](#).

The four (4) requirements for general admission to Coahoma Community College are:

- 1) a completed CCC application,
- 2) an official high school transcript,
- 3) an official ACT Score, and
- 4) a Social Security card.

Pre-Admission Requirements for Practical Nursing

1. All requirements for general admission to the college must be met.
2. The applicant must be a high school graduate or have an equivalent score on the GED.
3. ACT composite score of 17 with a minimum of a 14 in reading and math sections of the ACT.
4. Applicant must be **18 years of age by August 2024.**

NOTE: Admission to the Practical Nursing Program is very competitive. Therefore, meeting pre-acceptance minimum requirements does **not** guarantee admission to the program. The number of students accepted into the program is limited.

Application Process

The following documents must be submitted to the Practical Nursing Program by April 26, 2024 for an applicant to be considered for admission:

1. A completed CCC Practical Nursing application.
2. A completed CCC college admission application must be submitted to the college admission office.
3. If applicable, official copies of transcripts from each college or university attended. (Request 2 official copies of transcripts from each college/university attended, to be sent to college admission office and then submitted with the CCC PN application). **Official transcripts must remain sealed in the original envelope. Failure to submit transcripts of all colleges or universities attended will be considered as an incomplete and/or falsified application.** *The applicant must have a 2.0 cumulative GPA on any previous college courses.*
4. CCC transcripts- Contact CCC's Office of Admissions to request an official sealed transcript to be sent to the Practical Nursing Department.
5. Official ACT (American College Test) and TEAS scores. A student copy or copy printed from the internet is not acceptable.
6. Official high school transcript or GED scores.
7. Pre-entrance test – TEAS Test (scheduled through PN Program)
8. A copy of social security card.
9. Signed nursing program performance standards for admission and progression.
10. Signed criminal background check information form.
11. Signed drug policy understanding.
12. Two letters of recommendation.

For All Students Requesting Readmission (to the Practical Nursing Program) must submit a letter which includes the following:

- request for readmission
- reason(s) applicant did not complete the program
- an action plan for success

All application information must be received by the Practical Nursing Program no later than **April 26, 2024** to be considered. Incomplete applications and applications without requested documentation will **not** be considered, and there will be no follow-up correspondence.

Submit COMPLETED application packet by mail or in person to:

**Coahoma Community College Practical Nursing Program 901 Ohio Street
Clarksdale, MS, 38614**

Notification of Acceptance/Non-acceptance

Letters of acceptance or non-acceptance will be mailed by the **June 7, 2024**.

If a letter of acceptance is received, the recipient must respond to the program within one week in **writing** using the “Confirmation of Acceptance” form included with the letter. (The response can be delivered to the program in person).

Not confirming acceptance within a week can result in the admission slot being given to another applicant.

Post-Acceptance Requirements due July 12 (After receiving acceptance letter)

Once accepted into the practical nursing program, the following will be required **at the student’s expense** and are due **no later than July 12, 2024**. **If the required documentation is not submitted by the deadline, your application will be withdrawn and an alternate will be selected.**

1. Physical examination according to specified form included in the letter.
2. Evidence of (2) MMR’s.
3. Current adult tetanus within ten (10) years.
4. Two-step TB skin test. (You will receive a TB skin test and it will be read. Then, you will receive a second TB skin test, and it will be read).
5. Two (2) Varicella (chicken pox) immunizations (2) **or** varicella (chicken pox) blood titer. Declaration of having varicella (chickenpox) will **not** be accepted.
6. Hepatitis B immunization (3) completed or started, **or** a waiver of declination must be signed.
7. CPR certification from American Heart Association for **Healthcare Provider** current for two (2) years. CPR certification must be maintained until graduation.
8. Background information signature form. A background check will be scheduled by the Practical Nursing Program at CCC. A current background check can be submitted if it is a health care employer’s background done by the Department of Health in Jackson.
9. Urine drug screen will be scheduled through the Practical Nursing Program.
10. A copy of picture ID.
11. COVID-19 Vaccination & Booster shot

Other Important Information:

1. Student malpractice insurance and accident insurance are obtained through the school and charged to the student after the fall semester begins.
2. Each student is responsible for their transportation which includes access to a dependable car at their expense, a valid driver's license, and proof of insurance as requested by law.
3. Travel to clinical facilities in adjacent counties for required clinical experiences is the responsibility of the student.
4. Clinical hours may be scheduled on the day, evening or weekend shifts with varying hours that may vary from 4 to 12 depending on the clinical requirements.
5. Students must have access to the internet, a computer, e-mail, printer and a working telephone number.
6. Practical Nursing classes are conducted at the Health Sciences building located at 901 Ohio Avenue, not on the main campus of Coahoma Community College.
Students residing on campus are responsible for acquiring transportation to class and clinical rotations.

Any courses taken after acceptance into the Practical Nursing Program will be calculated into the cumulative GPA. If your GPA falls below a 2.0, your acceptance for admission will be withdrawn.

**COAHOMA COMMUNITY COLLEGE
PRACTICAL NURSING PROGRAM APPLICATION**

Coahoma Community College complies with all applicable laws regarding affirmative action and equal opportunity in all its activities and programs and does not discriminate against anyone protected by law because of age, color, disability, national origin, race, religion, sex, handicap, or status as a veteran or disabled veteran.

Check the following:

_____ I am applying to the Practical Nursing Program.

_____ I am re-applying to the Practical Nursing Program.

Date of Birth _____ Social Security Number _____

Student's
Name _____
(Last) (First) (Middle) (Maiden)

Address _____
(Street) (City) (State) (Zip) (County)

Mailing
Address _____

Telephone
Number(s) _____
(Home) (Work) (Cell)

E-mail Address _____ U. S. Citizen? Yes _____ No _____

Have you ever been admitted to CCC? Yes _____ No _____
When _____ If
yes, under what name?

Admitted to any other Nursing Program? Yes _____ No _____
Where _____
Reason for non-completion _____

PRIOR EDUCATION:

High School graduation date _____ High School GPA _____ GED _____
College Degrees
earned _____

Last college attended _____ Are you currently enrolled in college courses? _____ Expected completion date _____ ACT score (composite) _____ Courses presently enrolled _____

Will you receive a loan or scholarship to assist with your education? YES ___ NO ___
If yes, describe _____
Do you plan to work while you are in the program? YES ___ NO ___
Agency _____ Phone _____ Hours/week _____

Additional information based on the current Mississippi Board of Nursing LPN licensure application:

1. Have you ever been convicted of, pled guilty or pled no contest to any charge(s), or are charges pending against you for a felony or misdemeanor, other than a minor traffic violation, in any state or jurisdiction?
YES ___ NO ___
If yes, please explain _____

2. Have you ever been arrested or convicted for driving under the influence of drugs and/or alcohol?
YES ___ NO ___
If yes, please explain _____

3. Have you ever been denied licensure/certification, had disciplinary action or is action pending against you by a board of nursing or any other regulatory agency or certification organization in any state or jurisdiction?
Yes ___ NO ___
If yes, please explain _____

4. Have you ever been placed on a state and/or federal abuse registry?
Yes ___ NO ___
If yes, please explain _____

5. Have you within the last five years abused drugs/alcohol or been treated for dependency to alcohol or illegal chemical substances?
Yes ___ NO ___
If yes, please explain _____

6. Have you ever been disciplined by or administratively discharged by the military?
Yes ___ NO ___
If yes, please explain _____

7. Have you ever been convicted of a felony, or plead guilty to, or plead no contest to a felony of possession or sale of drugs, murder, manslaughter, armed robbery, rape, sexual battery, sex offense listed in Section 45-33-23 (f), child abuse, arson, grand larceny, burglary, gratification of lust or aggravated assault, or felonious abuse and/or battery of a vulnerable adult?

YES ___ NO ___

If yes, please explain _____

All applicants should be advised of the following:

1. Any statement made on this application which is false and known to be false by the applicant at the time of making such statement, shall be deemed fraudulent and subjects the applicant to disciplinary proceedings.
2. According to the State of Mississippi Law and Rules and Regulations regulating the Practice of Nursing in Mississippi, an individual's application to take the licensing exam may be denied (See Mississippi Nursing Practice Law 73-15-29 at <https://www.msbn.ms.gov/nursing-practice-act>)
3. Admission to the Practical Nursing Program may be denied based on the results of the criminal background check.

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

Applicant's Signature

Date

COAHOMA COMMUNITY COLLEGE PRACTICAL NURSING PROGRAM
901 Ohio Street
Clarksdale, Mississippi 38614
Office: (662) 621-4687
Fax: (662) 624-2187 www.coahomacc.edu

Type of Program:	Practical Nursing Program
Length of Time:	12 months
Credits required for graduation:	44 hours
Awarded:	Certification in Practical Nursing
Estimated Costs/Fees:	\$9,413.00

Include tuition/related fees and nursing program costs such as books, standardized testing/remediation, uniforms, professional development clinical convention fees, pinning, graduation, NCLEX-PN® fees, etc. as appropriate for each semester.

If a student resides in the dormitory, there is an additional fee of **\$2560.00** additional per semester. Please review CCC tuition & fees for the most recent fee schedule.

Use the following link to access the Estimated Practical Nursing Program Expenses:
[Practical Nursing Estimated Program Expenses](#)

Practical Nursing Courses

Semester I

3 Sch	PNV 1213 Body Structure and Function
<u>13 Sch</u>	PNV 1443 Nursing Fundamentals and Clinical
16 Sch	

Semester III

12 Sch	PNV 1682 Adult Health Nursing Concepts and Clinical
<u>4 Sch</u>	PNV 1524 IV Therapy and Pharmacology
16 Sch	

Semester III

8 Sch	PNV 1728 Specialty Areas in Nursing
<u>4 Sch</u>	PNV 1914 Nursing Transition
12 Sch	

Total of 44 hours

COAHOMA COMMUNITY COLLEGE
PRACTICAL NURSING PROGRAM

DRUG ABUSE POLICY

It is the goal of Coahoma Community College to maintain an environment that is free from the effects of intoxicants or other behavior affecting substances. It is the college's belief that a drug-free environment is to the benefit of students and employees of Coahoma Community College as well as the surrounding community.

Once admitted to the practical nursing program, unannounced and/or random drug screens may be done. Also, if a student exhibits any sensory symptoms or behavior indicative of being under the influence of mind-altering substances, a drug screen will be required immediately. Refusal to be tested will result in program dismissal.

All students must have evidence of a negative drug screen when tested.

I, _____, have read and understand the substance use policy of Coahoma Community College. I grant permission for drug and alcohol testing of myself and acknowledge consent by this signature affixed hereto. I grant permission for the laboratory facility to release lab results to Coahoma Community College.

I understand that I am responsible for providing written documentation from my physician regarding controlled substances that I am taking that could be positively identified in a drug profile.

Student Signature

Date

***Return this completed form with your application information.**

COAHOMA COMMUNITY COLLEGE
PRACTICAL NURSING PROGRAM

Performance Standards for Admission and Progression

The following performance standards provide descriptions of basic cognitive, sensory, affective, and psychomotor requirements for successful practical nursing program completion. Applicants and students who cannot meet one or more of the standards will be considered on an individual basis regarding whether reasonable modification/accommodation can be made. Reasonable accommodations will be examined according to the Americans with Disabilities Act (ADA) as well as the Performance Standards for Admission and Progression.

To ensure successful completion of the practical nursing program, an applicant/student must be able to do the following:

1. **Demonstrate critical thinking sufficient for clinical judgment.**

Examples

- prioritize information and identify cause-effect relationships in the clinical setting
- Contribute to plan of care and make revisions as appropriate
- make decisions using logic, creativity and reasoning to make sound clinical judgments based on standards of nursing care
- demonstrate arithmetic ability to correctly compute dosages, tell time, and use measuring tools

2. **Display interpersonal skills sufficient to interact with individuals, families, and groups in a variety of settings in the community.**

Examples

- respect differences among clients and exhibit an attitude accepting of clients as individuals
- establish rapport to communicate effectively with clients, families, significant others, and health team members
- work effectively in small groups as a team member and a team leader x recognize crises and institute appropriate interventions to help resolve adverse situations

3. **Demonstrate appropriate verbal and written communication skills.**

Examples

- speak English coherently to clients, families, and other staff members
- clearly, explain treatment procedures and initiate health teaching for clients, families, or groups based on assessed needs, available resources, age, lifestyle, and cultural considerations

- provide clear, understandable written client documentation based upon proper use of the English language
- convey critical information to other caregivers through graphic, print, and/or electronic media in an accurate, timely, and comprehensible manner

4. **Exhibit physical ability sufficient to assist clients in meeting the health care needs in a variety of settings, including moving from room-to-room, to maneuver in small spaces, and to negotiate stairwells when necessary.**

Examples

- physical mobility and strength sufficient to propel wheelchairs, stretchers, etc. through doorways and close fitting areas alone or with assistance
- stand, walk up to 75% of 6 to 12-hour shifts
- stoop, bend, squat, reach overhead as required to reach equipment and provide nursing care
- lift a minimum of 20 pounds of weight
- transfer/position up to 300 pounds with assistance while lifting, positioning and transferring clients
- provide for activities of daily living (bed bath, oral hygiene, dressing, etc.)
- perform CPR satisfactorily and respond quickly in an emergency situation

5. **Demonstrate gross and fine motor abilities sufficient to provide safe and effective nursing care.**

Examples

- demonstrate physical dexterity and coordination in the delivery of care, treatment, and medications
- hold skin taut with one hand while inserting the needle in skin or vein with other hand and perform other procedures requiring the use of 2 hands
- pick up, grasp, and effectively manipulate small objects such as vials, syringes, switches
- calibrate and use equipment
- maintain sterile technique when performing sterile procedures

6. **Display auditory, visual, and tactile ability sufficient to safely assess and care for clients.**

Examples

- hear monitors, alarms, emergency signals, lung/heart sounds, bowel sounds, and cries for help, telephone, intercom interactions, and public address systems (codes)
- perceive and receive verbal communications from clients, families, and health team members
- read written words and information on paper and computer screens, small print, gauges, measuring cups, syringes, and other equipment
- discriminate colors: changes in color, size and continuity of body parts

- discriminate alterations in normal body activities such as breathing patterns and level of consciousness
- observe hazards in the environment (water spills, safety rails, restraints) and harmful situations
- perform physical assessment: palpate pulses, feel for heat or cold, tap body surfaces

PLEASE CHECK:

_____ I do not require special accommodations to meet the performance standards.

_____ I will need the following accommodations to meet performance standards.

Please list

I understand the requirements and feel that I can achieve the performance standards described in the Practical Nursing Program.

Signature _____ Date _____

***Return this completed form with your application information.**

COAHOMA COMMUNITY COLLEGE
PRACTICAL NURSING PROGRAM

BACKGROUND INFORMATION SIGNATURE FORM

All students who will be providing direct patient care in health care institutions regulated by the MS Department of Health should be aware that Mississippi law requires background checks for individuals seeking employment in a healthcare facility.

According to the Mississippi State Law, an individual may not be eligible for employment if the criminal history record check discloses a felony conviction, guilty plea or plea of nolo contendere to a felony of possession or sale of drugs, murder, manslaughter, armed robbery, rape, sexual battery, sex offense listed in Section 45-33-23 (f), child abuse, arson, grand larceny, burglary, gratification of lust or aggravated assault, or felonious abuse and/or battery of a vulnerable adult that has not been reversed on appeal or for which a pardon has not been granted.

Each student must submit a criminal background clinical clearance letter. If a student does not receive a letter of clinical clearance following fingerprinting, the CCC Health Science Review Committee will determine clinical clearance according to the Student Background Policy as stated in the CCC Student Handbook for Health Science Programs.

<http://www.coahomacc.edu/programs/health-sciences/HS-Student-Handbook>

A clinical clearance letter must be provided to the Practical Nursing Program for a student to be able to meet the clinical agency practice requirements of the program.

I, _____ have read and understand the above information regarding the Mississippi State Law requiring background checks for individuals providing direct patient care in health care institutions regulated by the MS Department of Health.

Signature of Student

Date of Signature

***Return this completed form with your application packet.**

Coahoma Community College Information Sheet for the TEAS (Test of Essential Academic Skills)

What is the TEAS? The TEAS is a computerized pre-entrance test required for all applicants to the Coahoma Community College (CCC) Associate Degree Nursing Program (ADN) and Practical Nursing Program (PN). The TEAS is used to evaluate applicants for admission to both nursing programs. The TEAS is only one of several criteria used in the selection process. The TEAS evaluates four (4) different academic areas-reading, math, science, and English.

How do I prepare for the TEAS? The TEAS Study Guide is available for sale in the CCC Bookstore or online at www.atitesting.com.

How do I register to take the TEAS? Complete and submit the TEAS V Registration Form along with a \$70.00 money order at least one week before the test date chosen. (See TEAS Registration Form)

Where do I take the TEAS? The TEAS is given on computer at the CCC Workforce Center at 510 Sunbelt Drive, Clarksdale, MS (located on Highway 49 South), phone number (662) 627-9139. Parking is available in the front of the building.

- All applicants must create an account online before the day of testing:
 - Go to www.atitesting.com
 - At the top left of the screen go to Sign In and click the tab Create an Account
 - Fill in the information
 - Create a user name and password (write it down so you will remember it on the day of the test)
 - After filling in the information click Register
- Bring a picture ID on the day of the test. Applicants will not be allowed to test without it.
- Calculators are not allowed.

What do I need to make on the TEAS to pass? A TEAS passing score has not been set. Practical Nursing applicants will be compared by rank and Associate Degree Nursing applicants will be compared by rank. Other criteria will also be used for the selection process.

How often can I take the TEAS?

Applicants may take the TEAS no more than once a year.

Where do I submit the TEAS Registration Form?

Practical Nursing Applicants

Wendy Brumfield Harris

901 Ohio St.

Clarksdale, MS 38614

COAHOMA COMMUNITY COLLEGE

TEAS Registration Form

ONLINE/REMOTE TEAS RESULTS WILL NOT BE ACCEPTED

Name _____

Mailing Address _____

Email address _____

Phone number _____

Please indicate your choice of test dates. You will receive confirmation by email.

**PAYMENT FOR THE TEAS (MONEY ORDER) MUST BE SUBMITTED
ALONG WITH THE APPLICATION**

Note: There will be many applications for the TEAS test slots. If you hesitate to sign up for testing, there may be no testing slots open especially toward the end of the application deadline. Also, once the testing date for the TEAS is selected, a 48-hour notice is required to change the testing date.

Dates for the TEAS: 9AM

_____ *Wednesday, March 6

_____ *Wednesday, March 20

_____ *Friday, March 22

_____ *Wednesday, March 27

_____ Wednesday, April 10

_____ Wednesday, April 17

_____ Friday, April 19

_____ Wednesday, April 24

***Only eight slots available**

_____ **Enclosed is my money order for \$70.00 made payable to Coahoma Community College. (Required)**

All applicants must have taken the TEAS and submitted their completed application by **April 26th** to be considered for admission to the Practical Nursing Program.

Submit the TEAS Registration form to:

Practical Nursing Applicants

Attention: Wendy Brumfield Harris

901 Ohio St.

Clarksdale, MS 38614

Check List for Completion of Application to the Practical Nursing Program

- _____ 1. Completion of application process with CCC Admission Office; contact CCC Admission Office regarding admission status (662)-621-4176 or 1-866-470-1CCC.
Submit the following to the Practical Nursing Program, 901 Ohio Street, Clarksdale, MS, 38614, (662) 621-4687, by mail or in person.
- _____ 2. Completed CCC Practical Nursing application form
- _____ 3. Official copy of transcript(s) from each college/university attended if applicable.
- _____ 4. Official copy ACT (American College Test)
- _____ 5. Registration for TEAS with \$70.00 money order
(Optional-purchase TEAS Study Manual from Bookstore or online at www.atitesting.com or CCC Bookstore to prepare for TEAS)
- _____ 5. Official high school transcript or GED
- _____ 6. Signed nursing program performance standards
- _____ 7. Signed criminal background check information form
- _____ 8. Signed drug policy understanding
- _____ 9. Copy of social security card

For Students Requesting Readmission to Practical Nursing Program-please provide a letter which includes the following (in addition to the requirements listed above):

- _____ 10. Request for readmission
- _____ 11. Reason(s) applicant did not complete the program
- _____ 12. Personal action plan for success

All application information must be received by the Practical Nursing Program no later than April 26th to be considered. **Incomplete applications WILL NOT be considered.**

Note-TEAS registration and payment can be submitted before and separate from the other required application documents.

Submit COMPLETE application packet to the attention of Wendy Harris, Coahoma Community College Practical Nursing Program, at 901 Ohio Street, Clarksdale, MS 38614 by mail or in person.

General Timeline for the process:

- Taking applications from February 1, 2024 – April 26, 2024
- Deadline for accepting applications – April 26, 2024
- Acceptance or non-acceptance letter will be mailed by June 3, 2024
- *Students who are accepted into the program will submit confirmation to accept program admission within one week of admission letter – no later than **June 7, 2024.***
- Students **who are accepted** into the program will submit additional required documentation by **July 12, 2024.**

Coahoma Community College
Practical Nursing Program
Action Plan for Success

(Must be completed by students applying for **readmission** to program)

Name _____ Date _____

1. Year and Course unsuccessful in program _____
2. Have you been unsuccessful in another nursing program? _____
3. List key reasons why you were not successful in the program:

4. Check other contributing factors you think played a role of unsuccessful performance in the program: (Check all that apply)

Academic Factors

- | | | |
|--|--|--|
| <input type="checkbox"/> Reading comprehension | <input type="checkbox"/> Study skills | <input type="checkbox"/> Writing skills |
| <input type="checkbox"/> Science background | <input type="checkbox"/> Verbal skills | <input type="checkbox"/> Computer skills |
| <input type="checkbox"/> Instructor/Student conflict | <input type="checkbox"/> Clinical skills | <input type="checkbox"/> Testing taking skills |
| <input type="checkbox"/> Math skills | <input type="checkbox"/> Attendance | |

Personal Factors

- | | | | |
|--|--|---|--------------------------|
| <input type="checkbox"/> Personal illness/crisis | <input type="checkbox"/> Time Management | <input type="checkbox"/> Prioritization | <input type="checkbox"/> |
|--|--|---|--------------------------|
- Other
List _____

Family Factors

- | | | |
|--|-------------------------------------|---|
| <input type="checkbox"/> Family illness/crisis | <input type="checkbox"/> Child care | <input type="checkbox"/> Lack of family support |
|--|-------------------------------------|---|
- Other List _____

Work Factors

- | | |
|--|---------------------------|
| <input type="checkbox"/> Worked too many hours | List # hours worked _____ |
|--|---------------------------|
- Work and school schedule conflict
- Other List _____

Financial Factors

- | | |
|---|--|
| <input type="checkbox"/> No financial support | <input type="checkbox"/> Limited financial support |
|---|--|
- Other List _____

5. Which resources did you utilize while in the program (check all that apply):
 Faculty advisement Student Navigator Campus Tutorial
 ATI Textbooks Resources Pearson Vue
 Library Electronic Database

[] Other List _____

6. List other resources you think would have assisted your success in the program.

7. After identifying your challenges for success in the program, did you seek assistance?
Yes___ No___ If yes, who and when did you seek assistance?

8. If your performance was due to factors listed in #3 or #4, how will you manage those situations or similar issues if they arise in the future?

9. What steps have you taken to improve factors that led to your inability to progress in the program?

10. List three or more actions you have taken to ensure success in the program if readmitted:

Signature _____

Date _____