



COAHOMA COMMUNITY
COLLEGE SHORT-TERM
CERTIFICATE
PROGRAMS
Application & Admission Procedure

- Emergency Medical Technician (EMT)

General Information

(There is a minimum of 10 students required to begin a class, any class not meeting this requirement will be canceled.)

Emergency Medical Technician

This is a one semester instructional program that prepares individuals to function in the pre-hospital environment. The EMT program provides instruction in basic life support care of sick and injured persons. This includes airway assessment, communications, documentation, general pharmacology, hemorrhage control, ambulance operations, and splinting of adult, pediatric, and infant patients; and special care of patients exposed to heat, cold, radiation, or contagious disease. Emergency Medical Technicians are certified by the Mississippi State Department of Health Emergency Medical Services.

Students who complete the program are eligible to take the *National Registry of Emergency Medical Technicians* Exam.

For additional information call (662) 621-4210.

**Incomplete
applications will not be
considered**

Coahoma CC's Dept. of Emergency Medical Technology accepts applications to the EMT Program year-round, although classes are held in the fall and spring semesters.

Tuition is \$ 845.00 for the entire semester. This fee includes the cost of the textbook, stethoscope, uniforms, student ID, background check and drug screen.

Selection of qualified applicants begins approximately 6 weeks prior to matriculation.

Application Process:

1. Fill out the attached packet. Upon mailing it or returning to our office you should return:
 - a. Enclosed EMT Application
 - b. Enclosed Coahoma Community College Application
 - c. *Official* High School Transcript/or GED certificate*
 - d. Signed and witnessed Background Check Policy and Consent

- e. Signed and witnessed Drug Abuse Policy and Consent
- f. Health Science Short-Term Performance Standards form
- g. If you have attended college, please submit *official* college transcripts

NOTE: *Official transcripts* are those that are sent by the school directly to the Office of Emergency Medical Technology in a sealed institution envelope that has been marked 'official' by a school's administration.

- h. Submit Immunization Form 121
 - a. Required immunizations include
 - MMR
 - DTaP/DT/Td
 - Polio
 - Tdap
 The following must be done within a 4 week period after start of class
 1. Hepatitis B series (must have 1st shot) or positive serology titer for Hepatitis B or declination of Hepatitis B
 2. Varicella (chickenpox) immunization or positive serology titer for varicella (must have 1st shot)
 3. Completed 2 – step Tuberculosis (TB) Skin Test (both injections must be done and read within a 14 day period) Previous TB skin tests are valid for 1 year.

*b. Immunizations must be completed within a **3 week period** after classes have started or you will be dropped from program.*

2. Requirements

Applicants must have a minimum of a 10 in reading and mathematics on the TABE placement examination or have an ACT composite score of **16** or better (no older than 5 years)

You will be scheduled for the *Adult Basic Education assessment (TABE)* if the ACT does not meet the minimum of a 16.

For applicants who:

A) Do not have an ACT score, or

B) Need assistance in preparing for the TABE, please call Ms. Tamara Washington-Travis at the *CCC Workforce Development Training Center* (662) 621-4307.

3. You will be notified of your admission status no later than 10 working days after the close of the application deadline.

Post Acceptance Requirements

- Drug screen and background check will be scheduled after admission to the program and the costs will come out of student fees.

There is no financial aid assistance for certificate or short-term programs.
At least ½ of the program fee(s) is due on the first day of class.

Telephone:
(662)621-4210

Website Address:
<http://www.coahomacc.edu/healthsciences/>

Emergency Medical Technician

- 1 Semester, 16 weeks (8 semester hours)
- **Classes/ labs on Saturdays from 10:00 am-7:00 pm (1 hour for meal)**

Please be advised that the *Miss. Dept of Health* requires at least **8 hours** of instruction per week. Coahoma CC will maintain strict adherence to this standard by providing classroom, lab and online instruction.

EMT PROGRAM MAILING ADDRESS:
Robert G. Mason Health Sciences Building
901 Ohio Ave
Clarksdale, MS.
Degree awarded: Certificate of Completion
Estimated Costs/Fees: \$ **845.00**

NOTE: Although classes meet once per week, additional coursework will be required outside of class using internet-based learning software. The cost of this learning software is included in the cost of tuition.

EMT students will also be required to complete *hospital and ambulance time* as they progress, this will also be in addition to the one day class meetings but the instructor or the clinical coordinator will arrange your clinical and field requirements around work schedules. Hospital and ambulance time is provided as an EMT student progresses through the curriculum and is the opportunity for the student to interact with other healthcare providers, participate in patient care, and learn how to work as part of the entire healthcare system.

In Summary:

| | |
|-----------------------|---|
| Class & Lab | 10a-7p Saturday (or alternate day) |
| Online | <i>Navigate-2</i> software that follows the textbook for EMT learning assignments completed from home |
| Clinical & Field Time | 48 hours clinical (hospital) & 72 hours field (ambulance) |

Textbook used: *Emergency Care & Transportation of the Sick and Injured* 11th ed. (2017)
AAOS

**PLEASE DO NOT PURCHASE A BOOK AHEAD OF CLASS TIME, BOOKS WILL
BE RETRIEVED FOR YOU FROM THE BOOK STORE.**

WE CANNOT GIVE PARTIAL REFUNDS OR A DEDUCTION IN TUITION FOR BOOKS
PURCHASED BY STUDENTS

Includes tuition/related fees and program costs such as books, standardized testing/remediation, uniforms, clinical fees, etc. as appropriate.

- Course fee breakdown
 - Textbook and online learning software
 - Drug screen
 - Accident and Malpractice Insurance
 - Criminal Background Check
 - 2 Uniforms (belt and boots not included)
 - Stethoscope
 - Pre-Payment for NREMT Certification exam
 - Student ID
 - Parking decal

**COAHOMA COMMUNITY COLLEGE
HEALTH SCIENCE SHORT-TERM CERTIFICATE PROGRAMS APPLICATION
FOR:
EMERGENCY MEDICAL TECHNICIAN**

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.

Student's Name _____ Date of Birth _____
(First) (MI) (Last) (Maiden)

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

Mailing Address _____
(If different than street address)

Contact Information:

(Home) _____ (Work) _____

(Cell) _____ E-mail Address _____
(required to be current) (required to be current)

Have you ever been admitted to CCC? Yes ___ No ___ When _____

If yes, under what name? _____

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) if Available _____

Courses presently enrolled in _____

Have you ever been convicted of, plead no contest to, or are charges pending against you for a felony or misdemeanor in any state? (Includes moving vehicle violations) YES _____ NO _____

If yes, please explain _____

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) of the Mississippi Code; 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 subject the applicant to disciplinary proceedings.
2. Admission to the Nurse Aide 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

In addition to the program-specific application, if you are not currently enrolled, you must complete a *Coahoma Community College* application as provided.

| | | |
|---|--|--|
| Graduate: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ mm / dd / yyyy | Special Certificate: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ mm / dd / yyyy | GED: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ GED Test Location: City _____ State _____ |
|---|--|--|

Have you taken the ACT? Yes No Date Taken _____
mm / dd / yyyy

IF UNDER AGE 21, PLEASE COMPLETE THE FOLLOWING:

Parent Name _____ Deceased? _____
Last First

Address _____
Street City State Zip Code

Telephone: Home () _____ Work () _____

COLLEGES ATTENDED

Please list in order of attendance each college you have attended, including Coahoma Community College. You must request that a transcript be sent to the admissions office for EACH college attended. Failure to list complete and accurate information at the time the application is submitted could result in the cancellation of your enrollment.

| Name and Address Of Institution | Dates of Attendance Year of Graduation | Approximate Number of Semester Hours Passed | Academic Standing |
|------------------------------------|---|--|--|
| | | | <input type="checkbox"/> GOOD STANDING <input type="checkbox"/> ON PROBATION <input type="checkbox"/> SUSPENSION |
| | | | <input type="checkbox"/> GOOD STANDING <input type="checkbox"/> ON PROBATION <input type="checkbox"/> SUSPENSION |
| | | | <input type="checkbox"/> GOOD STANDING <input type="checkbox"/> ON PROBATION <input type="checkbox"/> SUSPENSION |

CERTIFICATION

WARNING: ANY PERSON KNOWINGLY MAKES A FALSE STATEMENT OF MISREPRESENTATION ON THIS FORM IS SUBJECT TO PENALTIES WHICH MAY INCLUDE DISMISSAL FROM THE INSTITUTION. FINES OR IMPRISONMENT UNDER THE UNITED STATES CRIMINAL CODE AND 20 U.S.C. 1097

USUAL SIGNATURE _____ DATE _____
mm / dd / yyyy

Coahoma Community College does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities. The following person has been designated to handle inquiries regarding the non-discrimination policies: Academic Affairs; Coordinator for Section 504/ADA, Title IX; 3240 Friars Point Road; Clarksdale, MS 38614; Telephone # (662)621-4127; Office Location: 2nd Floor Whiteside Hall.

COAHOMA COMMUNITY COLLEGE
HEALTH SCIENCE SHORT-TERM CERTIFICATE PROGRAMS 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 Nursing Aide Program, unannounced and/or random drug screens may be done. In addition, 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

Witness

Date

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

COAHOMA COMMUNITY COLLEGE
HEALTH SCIENCES SHORT-TERM CERTIFICATE PROGRAMS

Performance Standards for Admission and Progression

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

In order to successfully complete the Nurse Aide Program, an applicant/student must be able to do the following:

1. **Demonstrate critical thinking skills.**

Examples

- make decisions using logic, creativity and reasoning to make sound clinical judgments based on standards of Nurse Aide
- demonstrate arithmetic ability to use measuring tools and able to tell time

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 in order to communicate effectively with clients, families, significant others, and health team members
- work effectively in small groups as a team member

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

Examples

- speak English coherently to clients, families, and other staff members
- clearly explains to the patient the nurse aide care given
- provide clear, understandable and write based upon proper use of the English language

4. **Exhibit physical ability sufficient to perform and/or assist clients to meet 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
- 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**

Examples

- demonstrate physical dexterity and coordination in delivery of care
- pick up, grasp, and effectively manipulate small objects such as dials, switches
- calibrate and use equipment

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

Examples

- hear monitors, alarms, emergency signals, 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, small print, gauges, measuring cups, and other equipment
- discriminate colors; changes in color, size and continuity of body parts
- discriminate changes in normal body activities such as breathing patterns
- observe hazards in environment (water spills, safety rails, restraints) and harmful situations
- 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 for the Nurse Aide Program.

Signature _____ Date _____

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

COAHOMA COMMUNITY COLLEGE
HEALTH SCIENCE SHORT-TERM CERTIFICATE PROGRAMS 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 health care facility.

According to the Mississippi State Law, an individual may not be eligible for employment or clinical rotations if the criminal history record check discloses a felony conviction, guilty plea or plea of nolo contendere to:

- felony of possession or sale of drugs
- murder, manslaughter
- armed robbery
- rape, sexual battery, or other sex offense listed in Section 45-33-23 (f) of the Mississippi code
- 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.

If the background check reveals no results, the student will only receive a letter stating that there were no limitations/ violations and the student will be allowed to continue to clinicals. If background results are received, the student is required to submit their NCIC printout or ‘rap sheet’ to the Office of Emergency Medical Technology so that copies of this report may be made for further review by a compliance committee.

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

Signature of Witness

Date of Signature

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

Coahoma Community College
Information Sheet for the TABE (Test of Adult Basic Education)

What is the TABE? The TABE is a pre-entrance assessment required for all applicants to the Coahoma Community College (CCC) Emergency Medical Technician Program (EMT). The TABE is only one of several criteria used in the selection process. The TABE evaluates 4 different academic areas-reading, math, science, and English.

Where do I take the TABE?

The TABE 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.

- Bring a picture ID on the day of the test. Applicants will not be allowed to test without it.
- Calculators are not allowed.

How do I register to take the TABE?

The administrative assistant schedules the assessment with you by phone after your application is received.

How do I prepare for the TABE? The TABE Study Guide is available for sale in the CCC Bookstore or online at <http://www.studyguidezone.com/tabetest.htm>.

You may also contact Ms. Tamara Washington-Travis at the Workforce Development Training Center at (662) 621-4307 for help in preparing.

What do I need to make on the TABE to pass?

The minimum acceptable TABE score is **10**. This means you can read and do math on a 10th grade level.

How often can I take the TABE?

TABE scores are good for 1 year.

Check List for Completion of Packet:

- _____ 1. Completion of the EMT and the CCC applications
- _____ 2. Official high school transcript or GED
- _____ 3. Signed/witnessed program performance standards
- _____ 4. Signed/witnessed criminal background check information form
- _____ 5. Signed/witnessed drug policy understanding