

**COAHOMA COMMUNITY COLLEGE
ASSOCIATE DEGREE PARAMEDIC PROGRAM**

Application & Admission Procedure

General Information

The application submission time frame for the Associate Degree Paramedic Program is typically **This year applications will be accepted Feb 1 – June 8.**

Contact the Emergency Medical Technology Department (662-621-4041/ 662-621-4210) for clarification or questions regarding application.

Summer Requirements for Fall, 2018 admission to the Paramedic Program:

If accepted to the Paramedic Program, the following must be completed before Fall, 2018 enrollment is allowed:

1. Successful completion of course requirements for admission
2. Successful completion of the *Health Sciences Summer Enrichment Camp* **to be held in July here at the Robert G. Mason Health Sciences building. Contact the Department of Emergency Medical Technology for specific dates. It is typically over 3 weekdays.**
3. Successful completion additional program-specific requirements

Application to Coahoma Community College

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

Go to www.coahomacc.edu/admissions/index.html for the college application form(s).

A review of the requirements for both general and program-specific admission are:

- 1) A completed CCC application
- 2) High school transcript or GED
- 3) ACT with a score of **16** or higher
- 4) Social security card, and immunization record (form on website)
- 5) Anatomy & Physiology I with a grade of “C” or better (2.0) **
- 6) Be a nationally registered EMT upon admission and become Mississippi certified upon acceptance to the Program.
- 7) Pass an NREMT basic knowledge exam and skills assessment test with a grade of 80% and complete a professional (affective) self-evaluation.
- 8) Pass a state and federal criminal background check
- 9) Attend a Health Sciences Summer Enrichment Program in the summer before classes begin

NOTE: Students will sign an *acknowledgement form* stating that they agree to complete these requirements. This form is found with the application.

Pre-Admission Requirements

1. All requirements for general admission to the college must be met and, if owed, any outstanding fees paid to CCC business office.

Pre-Requisites:

- Nationally Registered EMT with Mississippi certification
- Anatomy & Physiology Requirement:
 - Applicants should have Anatomy & Physiology I with lab with a grade of “C” or better, (2.00 on a 4.00 scale).
 - For classes **older than 5 years**, the student is required to repeat Anatomy and Physiology.

Mississippi EMS Law, Rules and Regulations, Rule 7.15.4 states that each paramedic student should have: *Completion of 8 semester hours of human anatomy and physiology (A&P 1 and II with labs) from an accredited post-secondary school. Minimum average of C or higher must be obtained.*

Human anatomy and physiology may be taken as prerequisite or co-requisite courses. (source: August, 2016 edition of the Miss. Bureau of EMS Law, Rules and Regulations) Lecture and lab must be taken together. Lecture 3 credit hours, lab 1 credit hour.

Preference is given to students who have *already taken* Anatomy & Physiology I, although the program will consider allowing the student to take this as a co-requisite if accepted.

NOTE:

- A) If a student is accepted and allowed to take Human Anatomy and Physiology as a *co-requisite* he/she must be aware that if they **fail** (fall below a grade of “C”), they will be dismissed from the paramedic program.
 - B) Anatomy and Physiology II MUST be completed before the student graduates the paramedic program.
 - C) Anatomy and Physiology classes are necessary for many health science programs, therefore they tend to fill to capacity quickly! If a student is accepted and allowed to complete A & P courses while in the program, he/she must register for these requisites as EARLY as possible when registration opens.
2. Admission to the Associate Degree Paramedic Program is competitive according to weighted criteria. Meeting pre-admission requirements does not guarantee acceptance.

Graduation Requirements

- a. Requirements for the Paramedic **Certificate**:

- i. 8 semester credit hours of Anatomy and Physiology with labs with a minimum grade of “C” in both lectures and labs.
- ii. Completion of all paramedic classes with an average of at least 80% C in each class
- iii. Completion of all semester and summative cognitive, psychomotor and affective evaluations by medical director and program director
- iv. Completion of all laboratory, clinical and field requirements
- v. Completion of one summative (comprehensive) computer exam similar to the National Registry Exam for Paramedic. (This is used to evaluate the student’s readiness for the exam).

Additional testing practice is provided after graduation if the student wishes.

b. Requirements for the Paramedic **Degree**:

- i. 8 semester credit hours of Anatomy and Physiology with labs with a minimum grade of “C” in both lectures and labs.
- ii. Completion of all paramedic classes with an average of at least 80% “C” in each class
- iii. Completion of all semester and summative cognitive, psychomotor and affective evaluations by medical director and program director
- iv. Completion of all laboratory, clinical and field requirements
- v. Completion of one summative (comprehensive) computer exam similar to the National Registry Exam for Paramedic. (This is used to evaluate the student’s readiness for the NREMT exam).

Additional testing practice is provided after graduation if the student wishes.

- vi. Completion of remaining general education courses to include:
 - 1. Oral Communications 3sch
 - 2. Written Communications Elective 3 sch
 - 3. Math/Science Elective** (A & P II satisfies this requirement) 4 sch
 - 4. Fine Arts/Humanities Elective 3 sch
 - 5. Social/Behavioral Science Elective 3sch

Application Procedure

- 1. Completed Paramedic Program application (Included)

2. Obtain *official* copy of all transcripts from each college or university attended. (The student should request 2 official copies of transcripts from each college/university attended, one to be sent to student directly and the other to be submitted with the application.

To be official, transcripts must remain sealed in the original envelope.

3. CCC transcripts? Go to CCC's Admission Office and request that an official CCC transcript be sent to the Paramedic Program either by sealed envelope or by *E-Script*.

4. Obtain official ACT (American College Test) scores
5. Obtain official high school transcript or GED
6. Sign and have witnessed the criminal background check information form
7. Sign and have witnessed the drug policy understanding
8. Sign the acknowledgement form

For All Students Requesting **Readmission** (to the CCC Paramedic Program)- A letter which includes the following:

- request for readmission
- semester requested
- reason(s) program was not completed
- action plan for success

NOTE: We do not offer advanced placement to paramedic students from *other programs* at this time. In addition we do not give college credit for life experience.

DEADLINE FOR SUBMISSION: February 1, 2018- June 8, 2018

****INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED****

Submit complete application packet to:

Coahoma Community College- Division of Health Sciences
*Department of Emergency Medical Technology **PARAMEDIC PROGRAM***
Attention: Administrative Assistant
901 Ohio St.
Clarksdale, MS, 38614

Submission may be by US mail or in person.

Notification of Acceptance/Non-acceptance

****Applicants will be notified of *acceptance or non-acceptance* for the next fall class by **June of each year.****

Post Acceptance Requirements

Once applications are reviewed and it is determined that a student is accepted into the Paramedic Program, the following will be required at the **student's own expense** and are due no later than the first week in August **before the first class:**

1. Physical examination according to the form included with the application.
2. Evidence of vaccine or proof of titer for Hepatitis B and Varicella and current Tetanus and Tuberculosis (TB) vaccines.
3. CPR certification for health care providers current for 2 years. This must be maintained until graduation.
4. Copy of NREMT and state EMT credentials
5. Federal and state criminal background check

This information becomes part of the students file and is needed before clinical and field rotations begin. Students will not be able to start classes if the above requirements are not met.

Other Important Information:

1. Student malpractice insurance is obtained through the school and is calculated in as part of tuition.
2. Each student is responsible for their own transportation which includes access to a dependable car at their, a valid driver's license, and proof of insurance as required by law.
3. Travel to clinical and field facilities for required experiences is the responsibility of the student.
4. Clinical/field hours may be scheduled on day, evening or weekend shifts with varying hours that may vary from 8 to 24 depending on the clinical or field requirements.
5. Students must have access to the internet, a computer, e-mail and a working telephone number.

**COAHOMA COMMUNITY COLLEGE
ASSOCIATE DEGREE PARAMEDIC 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.

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 _____
If yes, When _____
If yes, under what name? _____

Admitted to any other Paramedic program?
YES ___ NO ___
When _____
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? YES ___ NO ___
If Yes, expected completion date _____

ACT score (composite) _____

Courses presently enrolled in _____

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 _____

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), 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 _____

Have you ever been disciplined by any state or federal regulatory agency or national certifying agency?
YES ___ NO ___
If yes, provide details _____

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 Associate Degree Paramedic 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

COURSE CURRICULUM

Certificate or Associate Degree Paramedic Program			
	Hours		
Prerequisites A & P I with lab	4		
Freshman Year		Sophomore Year	
Fall Semester		Fall Semester	
EMS 1122 Introduction to EMS Systems	2	EMS 2414 Maternal/ Pediatrics	4
EMS 1314 Airway Management, Resp, Oxygenation	4	EMS 2565 Clinicals III	5
EMS 1414 Patient Assessment	4	EMS 2912 EMS Operations	2
EMS 1513 Clinicals I	3	EMS 1422 Special Patient Populations	<u>2</u>
EMS 1614 Pharmacology	<u>4</u>		13
	17		
Spring Semester		Spring Semester	
EMS 1825 Cardiology	5	Oral Communications	3
EMS 2855 Medical	5	Social/ Behavioral Science Elective	3
EMS 1525 Clinicals II	5	Fine Arts/ Humanities Elective	3
EMS 2714 Trauma	<u>4</u>	**Math/ Science Elective**	4
	19	Written Communications Elective	<u>3</u>
			16
Total Required Hours	36	Total Required Hours	29
Pre-requisites:			
BIO 2513 Anatomy & Physiology I			
BIO 2511 Anatomy & Physiology Lab I			
Co-requisites:			
BIO 2523 Anatomy & Physiology II			
BIO 2521 Anatomy & Physiology Lab II			
* A & P II satisfies the <i>Math/ Science elective</i> for the general education requirements to earn the Associate degree**			
** At least A & P II must be taken to graduate, even if a degree is not desired.			

COAHOMA COMMUNITY COLLEGE
PARAMEDIC PROGRAM

Mailing Address:
901 Ohio Street
Clarksdale, Mississippi 38614

Physical Location:
917 Ohio Street
Clarksdale, Mississippi 38614

Telephone:
(662)621-4210/(662)621-4041

Website Address:
www.coahomacc.edu

Type of Program:

- Associate Degree Paramedic Program
- Certificate of Completion Paramedic Program

Length of Time:

- Up to 2 years (2 academic years)

Credits required for graduation:

- 69 hours for degree (A & P I and II included, general education courses included)
- 57 hours for certificate (A & P I and II included)

Degree or Certificate awarded:

- Associate in Applied Science Degree (AAS)
- Certificate of Completion in Paramedic Studies

Estimated Costs/Fees:

The cost/fees include tuition/related fees and the paramedic program costs. They include but are not limited to:

- Textbooks or other online material
- Standardized testing/remediation software
- Uniforms, laboratory supplies
- Professional development, graduation, etc. as appropriate for each semester.

Fees are *estimates* of program costs and are subject to change.

Year 1

Fall- \$2848
Spring- \$1568

Year 2

Fall- \$2062
Spring- \$ 1625

NOTE: For the most accurate fee schedule please call the administrative assistant at

(662) 621-4210 or refer to the Coahoma CC web page under Health Sciences/ Paramedic Program www.coahomacc.edu

****OUT OF STATE TUITION IS NOT REFLECTED ON THIS ADMISSIONS APPLICATION AND MAY ALSO BE SUBJECT TO CHANGE.**

NOTE: If you reside in Mississippi, please bring proof of in-state residency for the Admissions Office.

COAHOMA COMMUNITY COLLEGE
ASSOCIATE DEGREE PARAMEDIC 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 health care 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 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 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 by August 10th. If a student does not receive a letter of clinical clearance following fingerprinting, they should make an appointment with the designated representative from the hospital Human Resource Department where fingerprinted and take all criminal background documentation to the meeting.

A clinical clearance letter must be provided to the Associate Degree Paramedic 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

Signature of Witness

Date of Signature

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

**Coahoma Community College
Health Sciences Division
Physical Examination**

Name _____

Allergies _____

Sex _____ Age _____ Weight _____ B/P _____ Pulse _____

Respiration _____

No.	System	Normal	Abnormal	Describe Abnormality
1.	Skin			
2.	Lymphatic			
3.	Eyes/Ears			
4.	Nose /throat			
5.	Chest/ Breast/ Lungs			
6.	Heart rate/Rhythm			
7.	Abdomen/ Liver			
8.	Kidneys/ Spleen			
9.	Extremities			
10.	Back/ Spine			
11.	Joints			
12.	Neurological			
13.	Psychological			

History of emotional, psychological, or psychiatric disturbance ___Yes ___No.

History of alcohol or abuse problem ___Yes ___No.

The following abnormalities should be noted:

Signature of Physician, Nurse Practitioner, or Physician Assistant

Date

COAHOMA COMMUNITY COLLEGE
Allied Sciences Division

Program Physical Performance Standards

In order to successfully complete the allied health program, an applicant/student must be able to do the following:

1. **Exhibit physical ability sufficient to assist patients 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 12 to 24 hour shifts
- stoop, bend, squat, reach overhead as required to reach equipment and provide advanced life support/paramedic care
- lift a minimum of 20 pounds of weight
- transfer/position up to 300 pounds with assistance while lifting, positioning, and transferring patients
- perform CPR satisfactorily and respond quickly in an emergency situation

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

Examples

- demonstrate physical dexterity and coordination in delivery of care, treatment, and medications
- hold skin taut with one hand while inserting 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 dials, syringes, switches
- calibrate and use equipment
- maintain sterile technique when performing sterile procedures

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

Examples: (continued next page)

- 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 patients, 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 environment (water spills, safety rails, restraints) and harmful situations
- perform physical assessment: palpate pulses, feel for heat or cold, tap body surfaces

PLEASE CHECK:

_____ The applicant does not require special accommodations to meet the performance standards.

_____ The applicant will need the following accommodations to meet performance standards.

Please list and describe the assistance needed:

Signature of Physician, Nurse Practitioner, or Physician Assistant

Date



COAHOMA COMMUNITY COLLEGE

OFFICE OF ADMISSIONS & RECRUITMENT

3240 FRIARS POINT ROAD

CLARKSDALE, MS 38614

APPLICATION FOR ADMISSION

WEBSITE: www.coahomacc.edu

TELEPHONE: 1-866-470-1CCC

Admission Type (check one): New (First-time student) Re-Admit (Returning student) Transfer (Attended other college (s)) Dual Enrollment (Attending high school & CCC)

Plan to attend CCC: 20 Fall Spring Summer I Summer II

Social Security Number: _____ - _____ - _____ Proposed Major _____

Legal Name: _____
Last First Middle Maiden

Mailing Address: _____
Street/P. O. Box City State Zip County

Physical Address: _____
Street City State Zip County

Date of Birth: ____/____/____ Place of Birth (city, state): _____ Email: _____

Telephone: () _____ Home () _____ Cell () _____ In Case of Emergency

U. S. Citizen? Yes No Ethnicity: Are you Hispanic/Latino? Yes No
What's your Race? Black/African American White Asian American Indian/Alaska Native
 Native Hawaiian/Other Pacific Islander two or more races Gender: Male Female

Parent/Guardian Information: (If under the age of 21) (If guardian must provide legal guardianship documents)

Check one: Parent Guardian Spouse (if applicable) Name: _____
Last First

Mailing Address: _____
Street or P. O. Box City State Zip

Student Information:

High School Attended: _____ Address: _____
Name of high school City State Zip

Graduate: Yes No Special Certificate: Yes No GED: Yes No Date: _____
Date: _____ Date: _____ Test Location (city, state): _____

Have you taken the ACT? Yes No Date Taken: ____/____/____ Receiving Veterans benefits? Yes No

College Information: Please list any college you have attended, including CCC. An official transcript must be requested and sent to the admissions office for EACH college attended. Failure to list complete and accurate information could result in the cancellation of your enrollment.

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 U. S. CRIMINAL CODE AND 20 U.S.C.1097

Applicant's signature: _____ Date: _____

NON-DISCRIMINATION STATEMENT: Coahoma Community College is an equal opportunity institution in accordance with civil rights and does not discriminate on the basis of race, color, national origin, sex, disability, age, or other factors prohibited by law in any of its educational programs, activities, and employment opportunities. The following person has been designated to handle inquiries regarding the non-discrimination policies: Richard Houston, Director of Human Resources/Coordinator for 504/ADA, Title IX Compliance Officer, Office #A188, Vivian H. Presley Administration Building, 3240 Friars Point Road, Clarksdale, Mississippi 38614; Phone: (662) 621-4843; Email: mhouston@coahomacc.edu