

**COAHOMA COMMUNITY COLLEGE
POLYSOMNOGRAPHY TECHNOLOGY PROGRAM
ASSOCIATE DEGREE AND/OR TECHNICAL CERTIFICATE**

Application & Admission Procedure

General Information

The application submission time frame for the Polysomnography Technology Program is **July 1st, 2020 to October 9th, 2020.**

Contact the Polysomnography Technology Department (662-621-4830) for clarification or questions regarding application.

Application to Coahoma Community College

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

Go to:

(<http://www.coahomacc.edu/Assets/uploads/files/admissions/Application%20for%20Admission.pdf>) for the college application form(s). The three (3) requirements for general admission consist of: completed CCC application, high school transcript, and ACT composite score of 16 or higher.

Requirements for Spring 2021 admission to the Polysomnography Technology Program:

If accepted to the Polysomnography Technology Program, the following **MUST be completed** by the end of the first semester enrollment is allowed:

1. Successful completion all pre-requisite course requirements for admission.
2. Successful completion of additional program-specific requirements.

Pre-Admission Requirements for the Polysomnography Technology Program include:

1. All requirements for general admission to the college must be met.
2. All pre-requisites are to be completed by the end of the fall 2020 semester.

Required Pre-Requisites:

3. Anatomy & Physiology I & II (8 hrs)
 - A minimum grade of “C” is required in all pre-requisites and must have taken within the last **7 years.**
4. A cumulative GPA of 2.00 is required.
5. ACT composite score of 16 or higher.
6. Completion of the TEAS V pre-admission examination.
7. Admission to the Polysomnography Technology Program is competitive according to weighted criteria. Meeting pre-acceptance requirements does not guarantee admission.

Application Process

The following documents must be submitted to the Polysomnography Technology Program by October 9th, 2020 for an applicant to be considered for admission:

1. Completed CCC Polysomnography Technology application (**Incomplete applications will not be considered**).
2. **Official** copy of transcripts from each college or university attended. (**Request two (2) official copies of transcripts from each college/university attended, to be sent to student directly and then submitted with the application**). To be official, transcripts must remain sealed in the original envelope).
3. **CCC transcripts**; go to CCC's Registrar's Office and request that an official seal transcript be sent to the Polysomnography Technology Program.
4. Official ACT (American College Test) scores.
5. Official high school transcript.
6. Signed/witnessed program performance standards.
7. Signed/witnessed criminal background check information form.
8. Signed/witnessed drug policy understanding.
9. Two letters of recommendation.
10. Physical Examination

For **All Students Requesting Readmission** (to the Polysomnography Technology Program) **MUST** complete an action plan for success form (form attached at end of application).

REMINDER: An application to Coahoma Community College must be made or updated before applying to the Polysomnography Technology Program.

The Polysomnography Technology Program must receive all application information no later than October 9th, 2020 to be considered. Incomplete applications will not be considered.

Submit COMPLETED application packet to the Coahoma Community College Polysomnography Technology Program, Rena Butler Health Science Annex, 917 Ohio Street, Clarksdale, MS, 38614 by mail or in person.

Notification of Acceptance/Non-acceptance

Letters of **acceptance or non-acceptance** will be mailed by the **end of November**. If a letter of acceptance is received, the recipient should respond within one week **in writing** using the "Confirmation of Acceptance" form included with the letter. Not confirming acceptance within a week can result in the admission slot being given to another applicant.

Post Acceptance Requirements due March 5, 2021

Once accepted into the Polysomnography Technology Program, the following will be required and are due **no later than March 5, 2021**

1. Evidence of vaccine or proof of titer for Hepatitis B series (at least the first shot). **(student's responsibility)**
2. Evidence of vaccine for Varicella or proof of Varicella Titer. **(student's responsibility)**
3. Evidence of two-step Tuberculosis (TB) screening. **(student's responsibility)**
4. Current American Heart Association Basic Life Support (BLS) **(arranged by the program director)**
5. Current American Heart Association Advanced Cardiovascular Life Support (ACLS) **(arranged by the program director)**
6. Criminal background check clinical clearance letter. **(arranged by the program director)**
 - **Students will not be allowed to begin Clinical Applications I (2nd semester) if the above requirements are not met by the specified time.**

Other Important Information:

1. Student malpractice insurance is obtained through the school and charged to the student after the spring semester begins.
2. Each student is responsible for their own transportation which includes access to a dependable car, a valid driver's license, and proof of insurance as requested by law.
3. Travel to clinical facilities in adjacent location, (Memphis, TN and the Jackson, MS) areas for required clinical experiences is the responsibility of the student.
4. Clinical hours may be scheduled on day, evening or weekend shifts with varying hours that may vary from four (4) to twelve (12) hours depending on the clinical requirements.
5. Students must have access to the internet, a computer with a webcam, e-mail and a working telephone number.

The Polysomnography Technology Program is accredited by the Commission on Allied Health Education Programs (CAAHEP) (www.caahep.org).

**Commission on Allied Health Education Programs (CAAHEP)
1361 Park Street
Clearwater, Florida 33756
Phone: (727) 210-2350
Fax: (727)210-2356**

**COAHOMA COMMUNITY COLLEGE
POLYSOMNOGRAPHY TECHNOLOGY PROGRAM
APPLICATION**

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: Michael Houston, Director of Human Resources/Coordinator for 504/ADA, Title IX Compliance Officer, Office #A100, Vivian M. Presley Administration Building, 3240 Friars Point Road, Clarksdale, Mississippi 38614, Phone: (662)621-4853, Email: mhouston@coahomacc.edu.

I am applying to the Polysomnography Program. **PLEASE PRINT LEGIBLY!**

Date of Birth _____ Social Security Number _____

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

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

Mailing Address _____

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

E-mail Address _____ U. S. Citizen? Yes__ No__

Have you ever been admitted to CCC? YES _____ NO _____ When _____

If yes, under what name? _____ CCC ID# _____

Applied/Admitted to any other Polysomnography 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 _____

Are you planning on taking any Summer or Fall courses prior to the Spring semester?

YES ___ NO ___ If Yes, which courses are you planning on enrolling in _____

Do you plan to work while you are in the program? YES ___ NO ___

Agency _____ 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:

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.

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

Applicant's Signature

Date

**COAHOMA COMMUNITY COLLEGE
POLYSOMNOGRAPHY TECHNOLOGY 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 Polysomnography Technology 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
POLYSOMNOGRAPHY TECHNOLOGY PROGRAM**

Performance Standards for Admission and Progression

The following performance standards provide descriptions of basic cognitive, sensory, affective, and psychomotor requirements for successful Polysomnography Technology 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 Polysomnography Technology 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
- analyze assessment findings and use findings to plan and implement care
- evaluate plan of care and make revisions as appropriate
- make decisions using logic, creativity and reasoning to make sound clinical judgments based on standards of Polysomnography
- demonstrate arithmetic ability to correctly compute measurements, 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 in order 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
- 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 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 and provide care
 - lift a minimum of 20 pounds of weight
 - transfer/position up to 300 pounds with assistance while lifting, positioning, and transferring clients
 - perform CPR satisfactorily and respond quickly in an emergency situation
5. **Demonstrate gross and fine motor abilities sufficient to provide safe and effective Polysomnography Technology techniques.**
- Examples*
- demonstrate physical dexterity and coordination in delivery of care, treatment, and medications
 - pick up, grasp, and effectively manipulate small objects such as dials, wires, switches, clasps
 - 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, 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:

_____ 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 Polysomnography Technology Program.

Signature _____ Date _____

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

**COAHOMA COMMUNITY COLLEGE
POLYSOMNOGRAPHY TECHNOLOGY 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 to a criminal background clinical clearance letter by March 5th, 2021. 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 Polysomnography Technology 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.**

POLYSOMNOGRAPHY

(Associate Degree)

Spring 2021 Admission

Advisor: K. Davis, R.W. Seymore

Health Science Division

Major Code: PSG

Prerequisites: (must be completed prior to admission to the Polysomnography Technology Program)

BIO 2513 Anatomy & Physiology I

BIO 2511 Anatomy & Physiology Lab I

BIO 2523 Anatomy & Physiology II

BIO 2521 Anatomy & Physiology Lab II

FRESHMAN YEAR

1st semester – Spring 2021

PSG 1116 Introduction of Polysom 6

PSG 1113 Polysom Pathophysiology 3

PSG 1123 Polysom Technology 3
12

2nd semester – Fall 2021

PSG 2214 PSG Scoring & Analysis 4

PSG 2218 Clinical Applications I 8

12

SOPHOMORE YEAR

3rd semester – Spring 2022

PSG 2132 Professional Transition 2

PSG 2227 Clinical Applications II 7

PSG 2224 PSG Capstone 4
13

4th semester – Fall 2022

Humanities/Fine Arts Elective** 3

Social/Behavior Science Elective*** 3

SPT 1113 Oral Communication 3

MAT 1113 College Algebra* 3

CSC 1113 Intro to Computers 3

ENG 1113 English Comp I 3

18

*College Algebra or higher

**Music Appreciation, Art Appreciation, Drawing, Painting

***Sociology, Psychology, Western Civilization

POLYSOMNOGRAPHY

(Technology Certificate)

Spring 2021 Admission

Advisor: K. Davis, R.W. Seymore

Health Science Division

Major Code: PSV

Prerequisites: (must be completed prior to admission to the Polysomnography Technology Program)

BIO 2513 Anatomy & Physiology I

BIO 2511 Anatomy & Physiology Lab I

BIO 2523 Anatomy & Physiology II

BIO 2521 Anatomy & Physiology Lab II

FRESHMAN YEAR

1st semester – Spring 2021

PSG 1116 Introduction of Polysom 6

PSG 1113 Polysom Pathophysiology 3

PSG 1123 Polysom Technology 3
12

2nd semester – Fall 2021

PSG 2214 PSG Scoring & Analysis 4

PSG 2218 Clinical Applications I 8

12

SOPHOMORE YEAR

3rd semester – Spring 2022

PSG 2132 Professional Transition 2

PSG 2227 Clinical Applications II 7

PSG 2224 PSG Capstone 4

13

**COAHOMA COMMUNITY COLLEGE
POLYSOMNOGRAPHY TECHNOLOGY PROGRAM**

Mailing Address:

Coahoma Community College
3240 Friars Point Road
Clarksdale, Mississippi 38614
Telephone:
(662)621-4830

Physical Location:

Rena Butler Health Science Annex Building
917 Ohio Street
Clarksdale, Mississippi 38614

Website Address: <http://www.coahomacc.edu/programs-of-study/health-sciences>

Type of Program: Allied Health

Length of Time: 3-4 semesters

Credits required for graduation:

- Polysomnography Technical Certificate
 - 45 credit hours

- Associates of Applied Science in Polysomnography Technology Program
 - 63 credit hours

Degree awarded:

- Technical Certificate (3 semesters)
- AND/OR
- Associate in Applied Science (4 semesters)

Estimated Costs/Fees:

Currently there is an additional \$1,300.00 per semester polysomnography technology fee (this fee is subject to change). The fees include student malpractice insurance, uniforms, background checks, conferences/meeting fees, national membership fees, Registered Sleep Technologist (RST), Registered Polysomnography Technologist Exam (RPSGT), etc.

If student plans to live in the dormitory- additional cost of \$1,960.00 per semester.

PSG – Year I

1st semester - \$3,698.00
2nd semester- \$3,028.00

PSG – Year 2

3rd semester- \$3,028.00
4th semester (AAS) - \$1,525.00

Coahoma Community College
 Health Sciences Division
 Physical Examination
 (Page 1 of 3)

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

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

COAHOMA COMMUNITY COLLEGE
Allied Sciences Division
(Page 2 of 3)

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 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 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

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
- pick up, grasp, and effectively manipulate small objects such as dials, clasps, 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

- 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 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

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

**COAHOMA COMMUNITY COLLEGE
POLYSOMNOGRAPHY TECHNOLOGY PROGRAM**

Information Sheet for the TEAS V (Test of Essential Academic Skills V)

What is the TEAS V? The TEAS V is a computerized pre-entrance test required for all applicants to the Coahoma Community College (CCC) Polysomnography Technology Program (PSG or PSV). The TEAS V is used to evaluate applicants for admission to the Polysomnography Technology Program. The TEAS V is only one of several criteria used in the selection process. The TEAS V is a multiple-choice assessment of base academic knowledge in reading, mathematics, science, English and language usage.

How do I prepare for the TEAS V? The TEAS V Study Guide is available for purchase in the CCC bookstore and online at http://www.atitesting.com/ati_store/TEAS-Products.aspx

How do I register to take the TEAS V? Complete and submit the TEAS V Registration Form along with a \$65.00 **money order** at least one week before the test date chosen. (See TEAS V Registration Form)

Where do I take the TEAS V? The TEAS V is given on computer at the CCC Gathwright 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 prior to the day of testing.**
 - Go to <https://www.atitesting.com/home.aspx>
 - At the top right 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 V to pass? A TEAS V passing score has not been set. Polysomnography Technology applicants will be compared by ranking. Other criteria will also be used for the selection process.

How often can I take the TEAS V?

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

Where do I submit the TEAS V Registration Form?

Attention: Polysomnography Technology Department
Coahoma Community College
Rena Butler Health Sciences Annex Building
917 Ohio St.
Clarksdale, MS 38614
(662) 621-4159

**COAHOMA COMMUNITY COLLEGE
POLYSOMNOGRAPHY TECHNOLOGY PROGRAM
TEAS V Registration Form**

Name _____

Mailing Address _____

Email address _____

Phone number _____

Testing space is limited, so please choose one date for testing. You will receive confirmation by email.

Dates for the TEAS V Testing: Time: TBA

_____ Friday, September 25th, 8:30 a.m.

_____ Friday, October 2nd, 8:30 a.m.

_____ Thursday, October 8th, 8:30 a.m.

_____ Thursday October 15th, 8:30 a.m.

_____ **Enclosed is my money order for \$65.00 made payable to Coahoma Community College. (Required). No personal checks or cash.**

All applicants must have submitted their completed applications by October 5th, 2020 and taken the TEAS V exam by October 15th, 2020 to be considered for admission to the Polysomnography Technology Program.

Submit the TEAS V Registration form to:

Attention: Tiffany Wilder
Polysomnography Technology Department
Coahoma Community College
Rena Butler Health Sciences Annex Building
917 Ohio St.
Clarksdale, MS 38614
(662) 621-4159

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

Check List for Completion of Application to the Polysomnography Technology 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 Polysomnography Technology Program, Coahoma Community College, 917 Ohio Street, Clarksdale, MS, 38614, (662) 621-4159, by mail or in person.

- _____ 2. Completed CCC Polysomnography Technology application form
_____ 3. Official copy of transcript(s) from each college/university attended.
_____ 4. Official ACT (American College Test) scores
_____ 5. Registration for TEAS V with \$65.00 money order
(Optional-purchase TEAS V Study Materials from the online store at http://www.atitesting.com/ati_store/TEAS-Products.aspx to prepare for TEAS V)
_____ 6. Official high school transcript or GED
_____ 7. Signed/witnessed Polysomnography Technology program performance standards
_____ 8. Signed/witnessed criminal background check information form
_____ 9. Signed/witnessed drug policy understanding
_____ 10. Two recommendation letters.
_____ 11. Physical Examination.
_____ 12. Action Plan for Success ONLY if you are reapplying.

All application information must be received by the Polysomnography Technology Program no later than October 9, 2020 to be considered. Incomplete applications will not be considered.

Note-TEAS V registration and payment can be submitted prior to and separate from the other required application documents but no later than October 9, 2020.

Submit COMPLETE application packet to Coahoma Community College, Rena Butler Health Sciences Annex Building, Polysomnography Technology Program, 917 Ohio Street, Clarksdale, MS 38614 by mail or in person.

Coahoma Community College
Health Science Division
Action Plan for Success

(Page 1 of 2)

(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 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 |
| <input type="checkbox"/> Other List _____ | | |

Work Factors

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

Financial Factors

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

5. Which resources did you utilize while in the program (check all that apply):

<input type="checkbox"/> Faculty advisement	<input type="checkbox"/> Student Navigator	<input type="checkbox"/> Campus Tutorial
<input type="checkbox"/> ATI	<input type="checkbox"/> Textbooks Resources	<input type="checkbox"/> Pearson Vue
<input type="checkbox"/> Library Electronic Database	<input type="checkbox"/> EMS Testing	<input type="checkbox"/> FISDAP
<input type="checkbox"/> 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_____

***Return this completed form with your application ONLY if you are reapplying.**