

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

Contact the Emergency Medical Technology Department (662-621-4041/ 662-621-4159) for clarification or questions regarding application.

Summer Requirements for Fall, 2020 admission to the Paramedic Program:

If accepted to the Paramedic Program, the following must be completed before Fall, 2021 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. It is typically over 2 weekdays.*
3. Successful completion of 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.

Visit: CCC Application for General Admission. <http://www.coahomacc.edu/admissions-financial-aid/admissions/index> for the ONLINE 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). **NOTE: Any applicant that has Anatomy and Physiology grades older than 7 years as demonstrated on a certified college transcript must repeat the pre-requisite.**
- 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 on the last page of the application packet.

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 7 years**, the student is required to repeat Anatomy and Physiology.

Preference is given to students who have *already taken* Anatomy & Physiology I & II with a grade of C or better in lecture and lab, although the program will consider allowing the student to take A & P II as a co-requisite, if accepted.

NOTE:

- A) If a student is accepted and allowed to take Human Anatomy and Physiology II 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 may graduate 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 II 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.
- 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.

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 any general education courses to include:

- | | |
|--|-------|
| 1. Oral Communications | 3sch |
| 2. Written Communications Elective | 3 sch |
| 3. Math/Science Elective** (A & P II satisfies this) | 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 and return the acknowledgement form with your completed application**

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

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.

Submit complete application packet to:

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

Submission may be by US mail or in person. Scanned applications and facsimiles are not accepted.

Notification of Acceptance/Non-acceptance

****Applicants will be notified of *acceptance or non-acceptance* for the next spring class by November of each year, for a start date in January.**

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 **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	
Spring Semester		Fall Semester	
EMS 1133 Foundations of Paramedicine	3	EMS 2934 Paramedic Capstone	4
EMS 1213 Concepts of Airway and Resp Medicine	3	EMS 2566 Clinicals III	6
EMS 1325 Concepts of Cardio Medicine	5	EMS 1713 Neurological Medicine	3
EMS 1514 Clinicals I	4	BIO 2523 Anatomy & Physiology II Lecture	3
EMS 2912 EMS Operations	<u>2</u>	BIO 2521 Anatomy & Physiology II Lab	<u>1</u>
	17		17
Summer Semesters		Spring Semester (if not already completed)	
EMS 2314 Medical Patients	4	Oral Communications	3
EMS 1913 Advanced EMT	3	Social/ Behavioral Science Elective	3
EMS 1525 Clinicals II	5	Fine Arts/ Humanities Elective	3
	12	**Math/ Science Elective**	4
		Written Communications Elective	<u>3</u>
			16
Total Required Hours	35	Total Required Hours	32
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:
917 Ohio Street
Clarksdale, Mississippi 38614

Physical Location:
917 Ohio Street
Clarksdale, Mississippi 38614

Telephone:
(662)621-4159/(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 academic years

Credits required for graduation:

- 71 hours for degree (A & P I and II included, general education courses included)
- 55 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- \$2553
Spring- \$1473

Year 2

Fall- \$1655
Spring- \$ 2025

NOTE: **FEES OFTEN CHANGE!** For the most accurate fee schedule please call the administrative assistant at (662) 621-4159 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
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 associate degree paramedic 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
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

APPLICATION ACKNOWLEDGEMENT FORM- Paramedic Program:

I _____ agree to fulfill the application requirements
(Name of Applicant)
as follows:

- 1) A completed CCC application
- 2) High school transcript or GED
- 3) ACT with a score of **16** or higher
- 4) A copy of my social security card, and immunization record
- 5) Anatomy & Physiology I with a grade of "C" or better (2.0) **
- 6) A copy of my NREMT card or certificate upon admission and a copy of my Mississippi certification once I am accepted into 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. **Will be done on the first day of class at the school**
- 8) Pass a state and federal criminal background check **Will be done at the school**
- 9) Attend a Health Sciences Summer Enrichment Program in the summer before classes begin

I further understand that my failure to complete these requirements means that I will not be considered for admission into the Paramedic Program.

I will return this page with my application packet documenting my understanding of these requirements.

Signed _____

Date _____

Printed Name _____

>OFFICE USE ONLY<

Received By: _____

Date _____