



COAHOMA COMMUNITY COLLEGE

AND AGRICULTURAL HIGH SCHOOL
3240 FRIARS POINT ROAD
CLARKSDALE, MISSISSIPPI 38614-9799
662-627-2571

Polysomnography Technology Student Expense Sheet

| | |
|--|--------------------|
| Tuition Fee (per semester) | \$1,425.00 |
| Part-time (per credit hour) | 160.00 |
| Publication Fee (once per year) | 60.00 |
| Technology Fee (per semester) | 50.00 |
| Lab Fee (Science Majors) | 25.00 |
| Vocational Fee (per semester) | 25.00 |
| Fees for students enrolled in science courses | 8.00 |
| Polysomnography Fee (per semester) | \$1,273.00* |
| Criminal Background Check (one time fee) | 75.00 |
| CPR/ACLS Certification (one time fee) | 195.00 |
| 10-Drug Screening (one time fee) | 65.00 |
| Liability Insurance | 15.00 |
| Malpractice Insurance | 54.00 |
| AAST Student Membership fee (once) | 50.00 |
| MS Sleep Society fee for Clinical Application course (twice) | 60.00 |
| RST Exam fee (once) | 250.00 |
| RPSGT Exam fee (once) | 450.00 |
| Hotel Fees (2 nd semester) | 1500.00 |
| Hotel Fees (3 rd semester) | 900.00 |
| Transcript Fees (twice) | 6.00 |
| Uniforms (once) | 200.00 |
| Hepatitis B vaccine (3 shots) | 150.00 (personal) |
| TB skin test (2 shots) | 60.00 (personal) |
| Chicken Pox (Varicella) | 200.00 (personal) |
| Books (total all semesters) | 600.00 |
| Graduation Fee | 65.00 |
| Campus living (per semester) | |
| Meals Fee for 5 days/wk | \$1,010.00 |
| Room & Board Fee for 5 days/wk | <u>\$850.00</u> |
| | \$1,610.00 |
| OR | |
| Meals Fee for 7 days/wk | \$1,310.00 |
| Room & Board Fee for 7 days/wk | <u>\$850.00</u> |
| | \$1,960.00 |
| Room/Key Deposit | 100.00 |
| Parking Permits (once per year) | \$10.00 |
| *Polysomnography Fee = a polysomnography technical fee associated with clinical rotations and mandatory meetings/seminars. | |



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Estimated Expenses – Freshman

| | |
|-------------------|---------------|
| Matriculation Fee | \$1,425.00 |
| Part-time Fee | \$480.00 |
| Publication Fee | 60.00 |
| Technology Fee | 40.00 |
| Vocational Fee | 25.00 |
| Lab Fee | 25.00 |
| Parking Fee | 10.00 |
| Science Courses | 8.00 |
| Polysom Fee | 1,300.00 |
| <u>Books</u> | <u>600.00</u> |
| Total | \$3973.00 |

| Fall 2019 | | | |
|-----------|------|-------------------------|---|
| PSG | 1116 | Introduction to Polysom | 6 |
| PSG | 1113 | Polysom Pathophysiology | 3 |
| PSG | 1123 | Polysom Technology | 3 |

Student Responsibility

| | |
|-------------------------|---------------|
| Hepatitis B Vaccine | 150.00 |
| Chicken Pox (Varicella) | 200.00 |
| TB Skin Test | 60.00 |
| <u>Total</u> | <u>410.00</u> |

Estimated Expenses – Freshman

| | |
|-------------------|-------------------|
| Matriculation Fee | \$1,425.00 |
| Part-time Fee | 480.00 |
| Technology Fee | 40.00 |
| Vocational Fee | 25.00 |
| Lab Fee | 25.00 |
| Science Courses | 8.00 |
| Polysom Fee | 1,300.00 |
| <u>Total</u> | <u>\$3,303.00</u> |

| Spring 2020 | | | |
|-------------|------|-------------------------|----|
| PSG | 2214 | PSG Scoring & Analysis | 4 |
| PSG | 2218 | Clinical Applications I | 8 |
| | | | 12 |

Estimated Expenses – Sophomore

| | |
|-------------------|-------------------|
| Matriculation Fee | \$1,425.00 |
| Part-time Fee | 320.00 |
| Publication Fee | 60.00 |
| Technology Fee | 40.00 |
| Vocational Fee | 25.00 |
| Lab Fee | 25.00 |
| Parking Fee | 10.00 |
| Science Courses | 8.00 |
| Graduation Fee | 65.00 |
| Polysom Fee | 1,300.00 |
| <u>Total</u> | <u>\$3,278.00</u> |

| Fall 2020 | | | |
|-----------|------|--------------------------|----|
| PSG | 2132 | Professional Transition | 2 |
| PSG | 2227 | Clinical Applications II | 7 |
| PSG | 2224 | PSG Capstone | 4 |
| | | | 13 |

| | | |
|-------------------------------|------|---------------|
| Program Cost (3-Semesters) | = \$ | 10,554 |
| Immunizations (Personal Exp.) | = \$ | 410 |
| Personal Travel Expense | = \$ | 2,667 |
| <u>Total</u> | = \$ | <u>13,631</u> |



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****This amount is the out-of-pocket the student incurs for food (~\$30/day x 3 days/wk x 10 weeks = \$900), gas (an average of 350 miles round trip to Memphis, TN, Corinth, MS or Tupelo, MS, Jackson, MS = 350 miles/week x 10 weeks = 3500 miles x 0.565 = \$1978) and incidentals during their clinical travels.***

*This may include travels to Greenwood-Leflore Hospital - **Greenwood, MS**, Baptist Memorial Hosp. – **Oxford, MS**, North MS Medical Center – **Tupelo, MS**, NW MS Reg. Med. Ctr. - **Clarksdale, MS**, LeBonheur Children’s Hospital – **Memphis, TN**, Methodist Sleep Disorder Center – **Memphis, TN**, University Medical Center – **Jackson, MS**, Sleep Solutions - **Jackson, MS**, Baptist Memorial Hospital – **Jackson, MS**.*