



**COAHOMA COMMUNITY COLLEGE  
SHORT-TERM CERTIFICATE  
PROGRAMS  
Application & Admission Procedure Fall 2024**

**Check one**

- |  |  |
|--|--|
| <input type="checkbox"/> <b>Emergency Medical Technician (EMT)</b> | <input type="checkbox"/> <b>Phlebotomy</b>                           |
| <input type="checkbox"/> <b>Nursing Assistant (CNA)</b>            | <input type="checkbox"/> <b>Certified Clinical Medical Assistant</b> |

**Incomplete applications will not be considered.**

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

**Emergency Medical Technician (EMT)**

This one semester instructional program prepares individuals to function as a prehospital medical professional. 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) 621-4159.

**Phlebotomy**

This course is a one semester instructional program that prepares individuals to function in the medical laboratory as it relates to the drawing, transport, and analysis of blood and other body fluids well as familiarization with laboratory safety, and equipment. Basic laboratory specimen collection techniques are introduced. Each student completing this program is required to take the National Health Association's Phlebotomy Certification Examination. For additional information, call (662) 621-4210.

**Adult Long-Term Care Nurse Aide (Nursing Assistant)**

This 90-clock hour, 10-week course is designed to prepare the student to assist in providing care as a member of the healthcare team in a skilled nursing facility under the direction of health care providers through didactic instruction (42 clock hours), lab (28 hours) and clinical (20 clock hours). The components of this course include Fundamentals of Long-Term Care Assisting; Long-Term Care Concepts and Skills; Human Needs; and Special Care Procedures. (Sch: 3 lecture, 2 lab, 1 clinical). For additional information, call (662) 621-4687.

**EKG Technician**

This is a certificate program that prepares individuals for the performing and evaluation of EKGs in the hospital and clinical settings. Each student completing this program is required to take the National Health Association's EKG Certification Examination. For additional information, call (662) 621-4233.

## Certified Clinical Medical Assistant (CCMA)

The Certified Clinical Medical Assistant (CCMA) program is a 500-hour hybrid program made up of online coursework, twice-weekly in-person skills labs, and a clinical externship. Our hybrid format allows students to take advantage of the convenience of online courses while still being able to meet face-to-face with their instructor, interact with classmates, and participate in hands-on training labs. This program cost \$2000 (Tuition Assistance Available) and is a 6-month hybrid program evening class. Two days classroom two days virtual. Upon completion, the graduate will have achieved 4 industry standard certifications which include:

- Phlebotomy
- EKG
- BLS
- Clinical Medical Assistant

For additional information please call (662) 621-4159

### General Information

**Application Deadlines.** Applications will be accepted on the following timelines.

<b>EMT</b>	<b>October 1<sup>st</sup> – <del>November 20<sup>th</sup></del> **</b>
<b>Phlebotomy</b>	<b>October 1<sup>st</sup> – <del>November 20<sup>th</sup></del> **</b>
<b>Certified Clinical Medical Assistant</b>	<b>October 1<sup>st</sup> – November 20<sup>th</sup></b>
<b>Nursing Assist.</b>	<b>October 1<sup>st</sup> – See yellow section below ***</b>
<b>EKG</b>	<b>Next class Summer 1<sup>st</sup> 2025</b>

**\*\*The deadline for Phlebotomy and EMT has been extended to January 20, 2025**

**\*\*\*The deadline for Nursing Assistant has been extended to February 7, 2025**

**Tuition and fees are:** This fee includes the cost of the textbook, online learning software, uniforms, student ID, background check and drug screen.

EMT	\$1100
CCMA	\$2000
Phlebotomy	\$750
Nursing Assistant	\$750
EKG	\$750

#### Estimated Costs/Fees include:

- Tuition
- Textbook and online learning software
- CPR
- Drug screen
- Accident and Malpractice Insurance
- Criminal Background Check
- Uniform (belt and boots not included)
- Stethoscope (CNA/EMT/CCMA)
- Student ID and parking decal
- Pre-Payment for Certification exam
  - EMT-NREMT
  - CCMA - NHA
  - Phlebotomy/EKG – NHA

These certificate programs and are not covered under financial aid. They are considered “Self-Pay”. At-least half of the payment is due on the first day of class with the balance due within 6 weeks. If you are sponsored by a funding source you must bring a letter from that sponsor on the 1<sup>st</sup> day of class.

**If you need assistance with this fee please contact:**

Ms. Jalisa Brunt or Tamara Washington-Travis, Workforce Development Center 662-621-4300  
Or Delta Health Alliance at 662-390-3350 or [workforce@deltahalliance.org](mailto:workforce@deltahalliance.org).

**(Each of these programs have activities that must be completed to obtain funding. Failure to complete these activities will result in loss of funding and you will be responsible for the cost of program.)**

**Application Process:**

There are two (2) applications to be completed.

1. Fill out the attached program application packet. Return the following by mail or in person to  
Phlebotomy, CNA, EKG  
Coahoma Community College  
Health Science Short-Term Programs  
Robert G. Mason Health Sciences Building  
901 Ohio Street  
Clarksdale, MS 38614.

EMT

Coahoma Community College  
Health Science Dept. EMT Program  
Rena Butler Health Sciences Annex  
917 Ohio Street  
Clarksdale, MS 38614

2. The online college application can be filled out at [www.coahomacc.edu/admissions](http://www.coahomacc.edu/admissions), You may also submit the printed copy of CCC’s application contained in this packet.
3. The following documents must be submitted to the Health Sciences Department by August 1, 2024 for an applicant to be considered for admission:
  - a. This application packet
  - b. Complete the CCC application at the [www.coahomacc.edu/admissions/](http://www.coahomacc.edu/admissions/)
  - 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 received/sent by the school directly to the Health Sciences Department in a sealed institution envelope that has been marked ‘official’ by a school’s administration. Any previous college coursework may be received by this method or by *E-Script sent directly to the Coahoma CC Admissions Office*.

- h. **Submit Immunization Record**” (May be found at the County Health Department)  
MMR

COVID vaccination is required for CNA but is recommended for all others.

**The following *Immunizations must be completed within a 3-week period after classes have started or you will be dropped from program:***

- Hepatitis B series (must have 1<sup>st</sup> shot) or positive serology titer for Hepatitis B or declination.
  - Varicella (chickenpox) immunization or positive serology titer for varicella (must have 1<sup>st</sup> shot).
  - Completed 2<sup>nd</sup> 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.
4. After we receive your application packet, the Health Science Department will schedule you for the *Adult Basic Education assessment (TABE) test*. **NOTE: Applicants who have an ACT composite score of 16 or better will be considered in lieu of taking the TABE, however it is not a guarantee that the TABE will not be required for an applicant.** For applicants who have been out of school for an extended period of time, do not have an ACT score, or need assistance in preparing for the TABE, please call Mrs. Tamara Washington-Travis at the *CCC Workforce Development Training Center* (662) 621-4307.
5. You will be notified of your admission status usually within 10 working days after the close of the application deadline.

### **Post Acceptance Requirements**

- **Upon acceptance to your program the following is required**
- **A \$100 (money order) deposit is required to cover the background check and drug screen.**
- **You are required to complete a criminal background check through the CCC Health Sciences Department prior to the 1<sup>st</sup> day of class.**
- **An “unannounced” drug screen will be scheduled after admission to the program.**

**COAHOMA COMMUNITY COLLEGE  
HEALTH SCIENCE SHORT-TERM PROGRAMS**

Mailing Address:  
3240 Friars Point Road  
Clarksdale, Mississippi 38614

Physical Location:  
901 Ohio Street  
Clarksdale, Mississippi 38614

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

<b>EMT:</b> (662) 621-4159 917 Ohio Street	<b>Phlebotomy/EKG:</b> (662) 621-4210 901 Ohio Street	<b>Nursing Assistant:</b> (662) 621-4687 901 Ohio Street	<b>CCMA</b>
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**Health Sciences Short-Term Programs**

- Type of Program: Certificate
- All classes are held on Tuesday and Thursday from 5:00 pm to 9:00 pm
  - **EMT**
    - **Length of Time:** 1 Semester, 15 weeks (8 hours per week)
  - **Phlebotomy**
    - **Length of Time:** 1 Semester, 15 weeks (8 hours per week)
  - **Nursing Assistant**
    - **Length of Time:** 11 weeks (8 hours per week)
  - **EKG**
    - **Length of Time:** 11 weeks (8 hours per week)
  - **CCMA**
    - **Length of Time:** 24 weeks (16 hours per week) + 3 weeks clinical

*Please be advised that some programs require clinical rotations that are scheduled outside the Tuesday/Thursday class time. These clinical rotations will be scheduled after class has begun. If possible, we will try to accommodate your work schedules but we cannot guarantee this. These rotations are required to complete the program. Please keep this in mind when signing up for these programs.*

**EMT PROGRAM MAILING ADDRESS:**

Coahoma Community College  
Rena Butler Health Sciences Annex  
917 Ohio Street  
Clarksdale, MS 38614

**PHLEBOTOMY/CNA/EKG/CCMA**

Coahoma Community College  
Robert Mason Health Sciences Building  
901 Ohio Street  
Clarksdale, MS 38614

**COAHOMA COMMUNITY COLLEGE  
HEALTH SCIENCES SHORT-TERM CERTIFICATE PROGRAMS APPLICATION**

**Check one:**    EMT       Phlebotomy       CNA       EKG       CCMA

*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 # \_\_\_\_\_

Student's Name \_\_\_\_\_  
(First) (MI) (Last) (Maiden)

Address \_\_\_\_\_  
(Street) (City) (State) (Zip) (County)

Mailing Address \_\_\_\_\_  
(If different from street address)

Telephone Number(s) \_\_\_\_\_  
(Home) (Work) (Cell)

Emergency Contact \_\_\_\_\_  
(Name) (Relationship) (Cell)

E-mail Address \_\_\_\_\_ U.S. Citizen? Yes \_\_\_\_ No \_\_\_\_

Have you ever been admitted to CCC? Yes \_\_\_\_ No \_\_\_\_ When \_\_\_\_\_

If yes, under what name? \_\_\_\_\_

**PRIOR EDUCATION:**

High School graduation (diploma) year \_\_\_\_\_ GED year \_\_\_\_\_

Last college attended \_\_\_\_\_

College Degrees Earned \_\_\_\_\_

Do you have prior certifications from the Short-Term Certificate Programs? \_\_\_\_\_ yes \_\_\_\_\_ No

If yes list the certifications \_\_\_\_\_

Are you currently enrolled in college courses? \_\_\_\_\_ Expected completion date \_\_\_\_\_

ACT score (composite) if available \_\_\_\_\_ Courses presently enrolled in \_\_\_\_\_

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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 (tickets))

YES \_\_\_\_ NO \_\_\_\_

If yes, please explain \_\_\_\_\_

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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 \_\_\_\_\_

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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 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







**COAHOMA COMMUNITY COLLEGE**

OFFICE OF ADMISSIONS & RECRUITMENT

3240 FRIARS POINT ROAD  
CLARKSDALE, MS 38614

APPLICATION FOR ADMISSION

WEBSITE: [www.coahomacc.edu](http://www.coahomacc.edu)

TELEPHONE: 1-662-627-2571

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:** Complete if the student is under the age of 21; the 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.

\_\_\_\_\_  
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**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: Taneshia Turner, 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 [tyoung@coahomacc.edu](mailto:tyoung@coahomacc.edu).



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 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 a health science 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 the program applying to
- 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 emergency 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.**

*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 above.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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

COAHOMA COMMUNITY COLLEGE  
HEALTH SCIENCES SHORT-TERM CERTIFICATE PROGRAMS  
**BACKGROUND INFORMATION SIGNATURE FORM**

All students who will be providing direct patient care in health care institutions regulated by the Mississippi 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
- 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 check.** This check will be arranged through the health sciences department. It is the responsibility of the student to comply with such arrangements. Failure to comply will result in the student's dismissal from the program.

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 clinical.

**If the background results are not clear, the student is required to submit their NCIC printout or 'rap sheet' to the health science department along with court documentation showing the status and/or resolution of the issue. The health sciences compliance committee review the documentation and determine the student's eligibility to continue to clinical.**

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  
(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

Pregnant \_\_\_Yes\_\_\_No; \_\_\_\_\_EDC

History of alcohol or abuse problem \_\_\_Yes \_\_\_No

The following abnormalities should be noted:

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 Signature of Physician, Nurse Practitioner, or Physician Assistant

Date \_\_\_\_\_

**COAHOMA COMMUNITY COLLEGE**  
**Health Sciences Division**  
**Program Physical Performance Standards**  
**(Page 2 of 3)**

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 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 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*

- 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

3. Continued-

- 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.

In your opinion, is there any health problem or prescribed medication which would interfere with this individual's ability to pursue a program of study that requires classroom and clinical experiences, including physical activity?

\_\_\_No \_\_\_Yes (Explain)

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\_\_\_\_\_  
**Signature of Physician, Nurse Practitioner, or Physician Assistant**

\_\_\_\_\_  
**Date**



**Coahoma Community College  
Workforce Development Center  
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, applied mathematics, science, and English.

**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 Mrs. Tamara Washington-Travis at the Workforce Development Training Center at (662) 621-4307 for help in preparing.

**How do I register to take the TABE?**

The Administrative Assistant schedules the assessment with you by phone or email after your application is received.

**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 often can I take the TABE?**

TABE scores are good for 1 year.