

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

Adult Long-Term Nurse Aid (CNA)
Program for Fall 2022

<u>Incomplete</u> <u>applications will</u> not be considered This is a self-pay class not eligible for financial aid

General Information

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

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.

Application Deadline for the Adult Long Term Nurse Aid Certificate Programs
July 8, 2022, through September 1, 2022. The next class will begin on
September 13, 2022.

Application Process for all Short-Term programs:

- 1. Fill out the attached packet
- Return the following either by mail or in person to the Coahoma Community College Robert G. Mason Health Science Building, Nurse Aide Program, 901 Ohio Street, Clarksdale, MS 38614
 - a. Enclosed CCC Health Science Application
 - b. Enclosed Coahoma Community College Application
 - 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, submit official college transcripts
 - h. Official sealed High School Transcript/GED Certificate
 - i. Submit Immunization Form 121

- j. Required immunizations include
 - a. MMR
 - b. Hepatitis B series
 - c. Evidence of vaccine or proof of titer for Hepatitis B or declination of Hepatitis B
 - d. Varicella (chickenpox) immunization or positive serology titer for varicella
 - e. 2 step Tuberculosis (TB) Skin Test
 - f. Immunizations may be completed after admission but are required before participation in the clinical portion of the program begins.
- k. No ACT is required
- I. All applicants must take The Adult Basic Education Test (TABE) with a composite of eight (8) or better in Reading and Mathematics.
- 3. After receipt of the above forms, you will be scheduled for The Adult Basic Education (TABE) test.
- 4. You will be notified of your admission status no later than 10 working days after the close of the application deadline.

Post Acceptance Requirements

 An "unannounced" Drug Screen and background check will be scheduled after admission to the program and the costs will come out of fees.

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

Telephone: (662)621-4687 (CNA)

Website Address:

http://www.coahomacc.edu/healthsciences

Type of Programs: Certificate

Length of Time:

Adult Long-Term Care Nurse Aide (Nursing Assistant)

Length of Time: Fall semester- 90 clock hours

(Tuesdays and Thursdays 5:00 pm to 9:00 pm plus some weekday clinical rotations)

Upon Successful Completion:

- Certificate of Completion Nurse Aide/Nursing Assistant
- Eligible to take the National Nurse Aide Assessment

Estimated Costs/Fees: \$600 Full Fee

- Course fee breakdown
 - o Drug screen
 - Accident and Malpractice Insurance
 - Criminal Background Check
 - o 1 Uniform
 - Textbooks
 - o Supplies
 - o Pre-Payment for Certification exam
 - Student ID and Parking Decal

COAHOMA COMMUNITY COLLEGE HEALTH SCIENCE SHORT-TERM CERTIFICATE PROGRAMS 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.

I am applying to the Adult Long-Term Nurse Aid Program

Date of Birth	Social Security Number			
Student's Name				
(Last)	(First)	(M	iddle)	(Maiden)
Address				
(Street)	(City)	(State)	(Zip)	(County)
Mailing Address				
Telephone Number(s) _				
E-mail Address	(Home)	(W	ork)	(Cell)
Have you ever been adn		No	-	
If yes, under what name	?			_
PRIOR EDUCATION	:			
High School graduation	dateHi	gh School GPA	(GED
College Degrees earned				
Last college attended				
Are you currently enrol	led in college courses? _	Exp	ected completion	on date

ACT score (composite) if Available Cour	ses presently enrolled in
Have you ever been convicted of, plead no contest to, of felony or misdemeanor in any state? (Includes moving	
If yes, please explain	
Have you ever been convicted of a felony, or plead gui possession or sale of drugs, murder, manslaughter, arm offense listed in Section 45-33-23 (f), child abuse, arso gratification of lust or aggravated assault, or felonious YES NO	ed robbery, rape, sexual battery, sex n, grand larceny, burglary, the
If yes, please explain	
All applicants should be advised of the following: 1. Any statement made on this application that applicant at the time of making such statem subject the applicant to disciplinary proceed. 2. Admission may be denied based on the restaurant for any thic application in true.	nent, shall be deemed fraudulent and dings. ults of the criminal background check.
I certify that the information on this application is true	and accurate.
Applicant's Signature	Date

You must complete the CCC application on the next page or you can complete the CCC online Application by clicking here or at http://www.coahomacc.edu/admissions-financial-aid/admissions/index.



COAHOMA COMMUNITY COLLEGE OFFICE OF ADMISSIONS 3240 FRIARS POINT ROAD CLARKSDALE, MS 38614

ADMISSION REQUIREMENTS

The following must be met upon entering Coahoma Community College

	ACADEMIC AND TECHNICAL STUDENTS
	Application for AdmissionOfficial Transcript from your high school in a sealed envelope OROfficial Transcript mailed from previous college(s) attended OROfficial GED Transcript with scores from your acquired stateACT if under the age of 21Submit signed photocopy of Social Security Card
-	CAREER STUDENTS Application for Admission Official Transcript from your high school in a sealed envelope OR Official GED Transcript with scores from your acquired state Submit a signed photocopy of your Social Security Card
-	TRANSFER STUDENTS Application for Admission Official Transcripts from previous institution(s) attended ACT if under the age of 21 Submit signed photocopy of Social Security Card

NOTE: Any student on suspension from a previous college attended will have to go before an appeal to enroll at Coahoma Community College.

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 T. 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) 6214853, Email: tyoung@coahomacc.edu



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

	New irst-time student)	Re-Admit (Returning student)		fer ege (s) (Atter	Dual Enrollment ading high school & CCC)
Plan to attend CCC: 20	Fal1	Sprii	ng	Summer I	Summer II
Social Security Number:	· · · · · · · · · · · · · · · · · · ·		Proposed Maj	or	
Legal Name:					
Legal Name:Last		First	N	liddle	Maiden
Mailing Address:Street/E	P. O. Box	City	State	Zip	County
Physical Address:		C'i-	C	7.	
Str	reet	City	State	Zip	County
Date of Birth:/	Place of Birth (city, state):	E	mail:	
Telephone: ()	(Cell	()	ase of Emergency
What's your Race?Black/Afric _ Native Hawaiian/Other Pacific Is Parent/Guardian Information: (I) Check one:ParentGuardian	slander two	or more races (21) (If guardian	Ger must provide lega	nder:Male	documents)
Mailing Address:	Box (Last	First
Street or P. O. I	Box (City Sta	te Zip		
Student Information: High School Attended: Name of	21:11	Add	ress:		a :
				State	Zip
Graduate:YesNo Spec Date: Date	cial Certificate: e:	_Yes _ No	GED: _Yes _ Test Location (_ No Date:	
Have you taken the ACT?Yes _	_No Date Tak	en://	_ Receiving V	eterans benef	its? _Yes _ No
College Information: Please list any co office for EACH college attended. Failure to it	list complete and acc	urate information could	result in the cancella	tion of your enrol	lment.
		<u>'/</u>			
WARNING: ANY PERSON KNOWINGLY MAKES A FADISMISSAL FROM THE INSTITUTION. FINES OR IN		MISREPRESENT ATION ON	THIS FORM IS SUBJECT AND 20 U.S.C.1097		
Applicant's signature:			Date:		

COAHOMA COMMUNITY COLLEGE HEALTH SCIENCE SHORT-TERM CERTIFICATE PROGRAMS

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. The college believes 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 Nursing Aide Program, unannounced and/or random drug screens will 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 evid	dence of a negative of	lrug screen when tested.
Coahoma Community Coll	ege. I grant permissi is signature affixed l	ead and understand the substance use policy of on for drug and alcohol testing of myself and hereto. I grant permission for the laboratory nunity College.
		roviding written documentation from my am taking that could be positively identified in a
Student Signature	Date	_
Witness	Date	_

*Return this completed form with your application information.

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 Nurse Aide 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 by the Americans with Disabilities Act (ADA) as well as the Performance Standards for Admission and Progression.

To complete the Nurse Aide 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 the standards of Nurse Aide
- demonstrate an 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 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 nurse aide 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, including moving from room to room to maneuvering in small spaces, and negotiating 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
- 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

5. Demonstrate gross and fine motor abilities sufficient to provide safe and effective *Examples*

- demonstrate physical dexterity and coordination in the 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 the environment (water spills, safety rails, restraints) and harmful situations
- palpate pulses, feel for heat or cold, tap body surfaces

PLEASE CHECK	Κ:	
	equire special accommodations to meet the performance standards.	
I will nee	ed the following accommodations to meet performance standards.	
Please list		
I understand the the Nurse Aide P	requirements and feel that I can achieve the performance standards describ rogram.	ed for
Signature	Date	

*Return this completed form with your application information.

COAHOMA COMMUNITY COLLEGE HEALTH SCIENCE SHORT-TERM CERTIFICATE PROGRAMS

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 nolo contendere to:

- felony of possession or sale of drugs
- murder, manslaughter
- armed robbery
- rape, sexual battery, sex offense listed in Section 45-33-23 (f) of the Mississippi code
- child abuse
- arson

- grand larceny, burglary
- gratification of lust
- 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. The Nurse Aide program will arrange for a background check to be completed. 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 background results are received, the student is required to submit their NCIC printout or 'rap sheet' to the Health Sciences office so that copies of this report may be made for further review by a compliance committee.

I, ha information regarding the Mississippi State La individuals providing direct patient care in hea Department of Health.			
Signature of Student	_		
Signature of Witness	_		
Date of Signature			

*Return this completed form with your application information.

Coahoma Community College Information Sheet for the TABE (Test of Adult Basic Education)

What is the TABE? The TABE is a pre-entrance test required for all applicants to the Coahoma Community College (CCC) Phlebotomy Program, Nursing Assistant Program, and Emergency Medical Technician Program (EMT). The TABE is used to evaluate applicants for admission to the EKG/Phlebotomy program. The TABE is only one of several criteria used in the selection process. The TABE evaluates 2 different academic areas-reading and applied mathematics.

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.

How do I register to take the TABE?

For Nurse Aide Call 662-621-4687
For EKG Technician and Phlebotomy Call 662-621-4210
EMT Call 662-621-4159

You may take the TABE test up to 2 times, application time permitting. If you do not do well on the first attempt, you must participate in the remediation class through CCC Workforce Development Center before attempting again.

Where do I take the TABE? The TABE is a paper and pencil test given 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.

Check List for Completion of Application

_____1. Submit the completed application by mail or in person to:

Nursing Assistant Program Coahoma Community College Robert G. Mason Health Science Building 901 Ohio Street Clarksdale, MS, 38614

Make sure to include the following:

- Official high school transcript or GED
- Signed/witnessed program performance standards
- Signed/witnessed criminal background check information form
- Signed/witnessed drug policy understanding