

**COAHOMA COMMUNITY COLLEGE
ASSOCIATE DEGREE PARAMEDIC PROGRAM**

Application & Admission Procedure

General Information

The Paramedic program application process is now open. The deadline for a complete application is **November 4, 2024**.

Contact the Paramedic Department at (662 621-4159) for clarification or questions regarding the application.

The online college application can be filled out at www.coahomacc.edu/admissions., or you may submit the printed copy of CCC's application contained in this pocket..

The requirements for both general and program-specific admission are:

1. A completed CCC application
2. High school or GED transcript is required.
3. A minimum ACT composite score of 16 or higher.
4. Academic transcript of all colleges attended.
5. Social security card and immunization record.
6. A cumulative minimum GPA of 2.0 is required.
7. Anatomy & Physiology I with a grade of "C" or better is required.
8. Be a nationally registered EMT upon admission and become Mississippi certified upon acceptance to the Program.
9. Pass an NREMT basic knowledge exam and skills assessment test with a grade of 80% and complete a professional (affective) self-evaluation.
10. Pass a state and federal criminal background check.

Pre-Admission Requirements for Paramedic Program:

1. All requirements for general admission to the college must be met.

Required Pre-Requisites:

1. Nationally Registered Mississippi EMT certification.
2. 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 coursework.

Admission to the Associate Degree Paramedic Program is competitive according to weighted criteria. Meeting pre-admission requirements does not guarantee acceptance.

Graduation Requirements

1. Requirements for the **Paramedic Certificate**:
 - a. Eight semester credit hours of Anatomy and Physiology with labs with a minimum grade of “C” in both.
 - b. Completion of all paramedic classes with an average of at least 80% C in each class
 - c. Completion of all semester and summative cognitive, psychomotor and affective evaluations by medical director and program director
 - d. Completion of all laboratory, clinical and field requirements
 - e. 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).
2. Requirements for the **Paramedic Degree**:
 - a. Eight semester credit hours of Anatomy and Physiology with labs with a minimum grade of “C” in both lectures and labs.
 - b. Completion of all paramedic classes with an average of at least 80% “C” in each class
 - c. Completion of all semester and summative cognitive, psychomotor and affective evaluations by medical director and program director
 - d. Completion of all laboratory, clinical and field requirements
 - e. 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).
 - f. Completion of any **general education** courses to include:
 - 1) Oral Communications 3 sch
 - 2) Written Communications Elective 3 sch
 - 3) Math/Science Elective** (A & P II validates this) 4 sch
 - 4) Fine Arts/Humanities Elective 3 sch
 - 5) Social/Behavioral Science Elective 3 sch

Application Process

The following documents must be submitted to the Paramedic Department by November 4, 2024, for an applicant to be considered for admission:

1. Completed CCC Paramedic Program application (Incomplete application will not be considered for admission).
2. **Official** copy of transcripts from each college or university attended. **(Request two (2) official copies of transcripts from each college/university attended; one for the College and one for Paramedic Program. To be official, transcripts must remain sealed in the original envelope. Failure to submit transcripts of all colleges or universities attended will be considered as an incomplete and/or falsified application.**
3. **CCC transcripts**-submit a written transcript request form to CCC’s Admission Office for an official CCC transcript to be sent to the Paramedic Program.
4. Official ACT (American College Test) scores.

5. Official high school or GED transcript.
6. Signed drug policy understanding.
7. Signed criminal background check information form.
8. Signed program performance standards.

For students **Requesting Readmission to CCC Paramedic Program** – in addition to the above must submit a letter, which includes the following:

- request for readmission
- semester requested
- reason(s) program was not completed
- action plan for success

Notification of Acceptance/Non-acceptance

Letters of acceptance or non-acceptance will be mailed. 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

Once accepted into the Paramedic Program, the following will be required at the **student’s expense**. A \$100 (money order) deposit is required to cover the background check and drug screen, made payable to Coahoma Community College prior to the 1st day of class.

Other requirements are:

1. Physical examination form is included in the admission packet must be completed which includes if a student requires accommodations for any disabilities.
2. Documentation of all vaccines and immunizations previously listed. Applicant’s files are incomplete without required clinical documentation and will not be considered for admission to the program.
3. Current American Heart Association Basic Life Support (BLS) certification for healthcare providers.
4. Copy of NREMT and state EMT credentials.

Other Important Information:

1. Student malpractice and accident insurance are obtained through the school and charged to the student after the fall semester begins.
2. Each student is responsible for their own transportation, which includes access to a dependable car at their own expense, a valid driver's license, and proof of insurance as requested by law.
3. Travel to clinical facilities in adjacent counties for required clinical experiences is the responsibility of the student.
4. Clinical hours may be scheduled on day, evening or weekend shifts. Daily clinical hours may vary from 8 to 24 depending on 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**

PLEASE PRINT LEGIBLY

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) (Cell) (Work)

E-mail Address _____ U. S. Citizen? Yes ___ No ___

Have you ever been admitted to CCC? Yes ___ No ___ When _____

If yes, under what name? _____

Applied/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 _____ Hours/week _____

Have you ever been convicted of, plead guilty to, or 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.
- 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

**COAHOMA COMMUNITY COLLEGE
ASSOCIATE DEGREE PARAMEDIC 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 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

Return this completed form with your application information.

**COAHOMA COMMUNITY COLLEGE
ASSOCIATE DEGREE PARAMEDIC PROGRAM**

Performance Standards for Admissions and Progression

In order to successfully complete the Paramedic program, an applicant 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 EMS profession
- demonstrate arithmetic ability to correctly compute dosages, 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 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

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

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 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:

_____ I do not require special accommodations to meet the performance standards.

_____ I will need the following accommodations to meet performance standards.

Please list

**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 at specified date. If a student does not receive a letter of clinical clearance following fingerprinting, the CCC Health Science Review Committee will determine clinical clearance according to the Student Background Policy as stated in the CCC Student Handbook for Health Sciences Programs <http://www.coahomacc.edu/programs/health-sciences/HS-Student-Handbook>

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

Date of Signature

Return this completed form with your application information.

**COAHOMA COMMUNITY COLLEGE
PARAMEDIC PROGRAM**

Physical Location and Mailing Address:

Coahoma Community College
Rena Butler Health Sciences Annex
917 Ohio Street
Clarksdale, Mississippi 38614
Telephone: 662- 621-4159 or 662-621-4041

Website Address:

<http://www.coahomacc.edu/programs/healthsciences/paramedic/programs.html>

Type of Program:

- Associate Degree Paramedic Program
- Certificate of Completion Paramedic Program

Length of Time:

- 2 academic years

Credits required for graduation:

- 66 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.

Coahoma Community College
Health Science Division
Physical Examination

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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:

 Signature of Physician, Nurse Practitioner, or Physician Assistant

 Date

COAHOMA COMMUNITY COLLEGE
Program Physical Performance Standards

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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
 - 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

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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.

Please list and describe the assistance needed:

Signature of Physician, Nurse Practitioner, or Physician Assistant

Date



COAHOMA COMMUNITY COLLEGE

OFFICE OF ADMISSIONS & RECRUITMENT

3240 FRIARS POINT ROAD
CLARKSDALE, MS 38614

APPLICATION FOR ADMISSION

WEBSITE: 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.

/

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: _____