



**COAHOMA COMMUNITY COLLEGE
SHORT-TERM CERTIFICATE
PROGRAMS
Application & Admission Procedure Fall 2025**

Check one

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

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* Examination. 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 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 4-week certificate program that prepares individuals for the performing and evaluation of EKGs in the hospital and clinical settings. Each student completing this program is eligible 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 four 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.

EMT	June 1st – July 31st - Class begins 8/19/2025
Phlebotomy	June 1st – July 31st - Class begins 8/19/2025
Certified Clinical Medical Assistant	June 1st – July 31st - Class begins 8/19/2025
Nursing Assist.	June 1st – August 7th - Class begins 9/16/2025
EKG	May 15th – June 18 (Class begins July 1st)

There is a \$10 TABE Test fee due when the application is submitted. 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.

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

EMT	\$1200	Nursing Assistant	\$800
CCMA	\$2000	EKG	\$450
Phlebotomy	\$800		

Estimated Costs/Fees include (Program Dependent):

- 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
 - Nursing Assistant – MS Certification Exam

These certificate programs 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 1st 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.

(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/Certified Clinical Medical Assistant
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, 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, 2025 for an applicant to be considered for admission:
 - a. This application packet
 - b. Complete the CCC application at the 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
 - h. Physical Examination

***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*.

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

- MMR
- DTaP/DT/Td
- Flu

COVID vaccination maybe required by some of the clinical sites.

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 1st shot) or positive serology titer for Hepatitis B or declination.
 - Varicella (chickenpox) immunization or positive serology titer for varicella (must have 1st shot).
 - Completed 2nd 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*. 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.

**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/		
EMT/CCMA:	Phlebotomy/EKG:	Nursing Assistant:
(662) 621-4159	(662) 621-4210	(662) 621-4687
917 Ohio Street	901 Ohio Street	901 Ohio Street

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:** 4 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/CCMA PROGRAM MAILING ADDRESS:

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

PHLEBOTOMY/CNA/EKG

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 _____

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 _____

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 _____

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

TELEPHONE: 1-662-627-2571

Admission Type (check one): ☐ New ☐ Re-Admit ☐ Transfer ☐ Dual Enrollment
(First-time student) (Returning student) (Attended other college (s)) (Attending high school & CCC)

Plan to attend CCC: 20 ☐ Fall ☐ Spring ☐ Summer I ☐ Summer IISocial Security Number: - - Proposed Major Legal Name: Last First Middle MaidenMailing Address: Street/P. O. Box City State Zip CountyPhysical Address: Street City State Zip CountyDate 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 documentsCheck one: ☐ Parent ☐ Guardian ☐ Spouse (if applicable) Name: Last FirstMailing Address: Street or P. O. Box City State Zip**Student Information:**High School Attended: Name of high school Address: City State ZipGraduate: ☐ 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:

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.

COAHOMA COMMUNITY COLLEGE
HEALTH SCIENCES SHORT-TERM CERTIFICATE
PROGRAMS

DRUG 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 Health Sciences 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 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
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:

 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)

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 four(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 one(1) year.