



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

Please choose the program you are applying for:  
Phlebotomy Spring 2022

**Incomplete**  
**applications will not be**  
**considered**

**This is a self-pay class**  
**not eligible for**  
**financial aid**

### General Information

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

#### **Phlebotomy**

The 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) 621-4233.

**Application Deadline for the Phlebotomy Certificate Programs is November 20, 2021. Next class will begin January 11, 2022.**

#### **Application Process for all Short-Term programs:**

1. Fill out the attached packet
2. Return the following either by mail or in person to the Coahoma Community College Allied Health Building, Phlebotomy 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 High School Transcript/GED Certificate
  - i. Submit Immunization Form 121
    - a. Required immunizations include
      - i. MMR
      - ii. Hepatitis B series
      - iii. Evidence of vaccine or proof of titer for Hepatitis B or declination of Hepatitis B
      - iv. Varicella (chickenpox) immunization or positive serology titer for varicella

- v. 2 – step Tuberculosis (TB) Skin Test
  - b. Immunizations may be completed after admission but are required before participation in the clinical portion of program begins.
  - j. No ACT is required
  - k. All applicants must take The Adult Basic Education Test (TABE) 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) 621-4210

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

---

Length of Time: 16 weeks  
(Tuesdays and Thursdays 5:00 pm to 9:00 p.m. plus clinical rotations)

Upon Successful Completion:

- Certificate of Completion Phlebotomy
- Eligible to take the National Healthcare Association Phlebotomy Certification Exam

Estimated Costs/Fees: \$650 Full Fee

Includes tuition/related fees and program costs such as books, standardized testing/remediation, uniforms, clinical fees, etc. as appropriate.

- Course fee breakdown
  - Drug screen
  - Accident and Malpractice Insurance
  - Criminal Background Check
  - 1 Uniform
  - Textbooks
  - Supplies
  - 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 - Check the following:

- Phlebotomy

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) (Work) (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 date \_\_\_\_\_ High School GPA \_\_\_\_\_ GED \_\_\_\_\_

College Degrees earned \_\_\_\_\_

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

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) 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 to the Phlebotomy 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

***You must also submit an application to Coahoma Community College. You can do this online by clicking the following link and clicking on "Apply Online": <http://www.coahomacc.edu/admissions-financial-aid/admissions/index>***

***If you submit an online application, please skip the application on page 6.***

**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 Admission
- \_\_\_\_\_ Official Transcript from your high school in a sealed envelope OR
- \_\_\_\_\_ Official Transcript mailed from previous college(s) attended OR
- \_\_\_\_\_ Official GED Transcript with scores from your acquired state
- \_\_\_\_\_ ACT if under the age of 21
- \_\_\_\_\_ Submit 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 signed photocopy of 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 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: Michael Houston, 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: [mhouston@coahomacc.edu](mailto:mhouston@coahomacc.edu)



**COAHOMA COMMUNITY COLLEGE APPLICATION FOR ADMISSION**  
OFFICE OF ADMISSIONS & RECRUITMENT

3240 FRIARS POINT ROAD  
CLARKSDALE, MS 38614

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

**TELEPHONE:** 1-866-470-1CCC

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 II \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Proposed Major Phlebotomy

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:** (If under the age of 21) (If 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:** \_\_\_\_\_

**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: Michael Houston, 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: [mhouston@coahomacc.edu](mailto:mhouston@coahomacc.edu)

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. 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 Nursing Aide 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

\_\_\_\_\_  
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 Phlebotomy 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 in accordance with the Americans with Disabilities Act (ADA) as well as the Performance Standards for Admission and Progression.

In order to successfully complete the Phlebotomy 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 Phlebotomy
- 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 Phlebotomy 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 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
- 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 for the Phlebotomy Program.

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 a criminal background clinical clearance letter by the beginning of the 2<sup>nd</sup> semester.** The Phlebotomy 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.

**A clinical clearance letter must be provided to the Phlebotomy 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

\_\_\_\_\_  
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 Phlebotomy 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 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:

Health Science Short Term Programs  
Coahoma Community College  
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**