

COAHOMA COMMUNITY COLLEGE
HEALTH SCIENCE DIVISION 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.

Select the program which you are applying:

Paramedic Polysomnography Technology

Date of Birth _____ Social Security Number _____

Student's
Name

(Last) (First) (Middle) (Maiden)

Physical
Address

(Street) (City) (State) (Zip) (County)

Mailing
Address

(Street) (City) (State) (Zip) (County)

Telephone
Number(s)

(Cell) (Home) (Work)

Emergency
Contact

(Name) (Relationship) (Cell)

E-mail U.S.
Address _____ Citizen _____ YES _____ NO

Have you ever been admitted to CCC? _____ YES _____ NO

If yes, when? _____ Under what name? _____

CCC ID# _____

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 _____

Courses presently enrolled in

ACT score (composite) _____

Have you ever been convicted of, pled guilty to, or no contest to (nolo contendere), 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 pled guilty to, or no contest to (nolo contendere) a felony of possession or sale of drugs, murder, manslaughter, armed robbery, rape, sexual battery, sex offense listed in Section 45-33-23 (h), 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:

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 subjects the applicant to disciplinary proceedings.
2. Admission to the Health Science 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

Will you receive a loan or scholarship to assist with your education? _____ YES _____ NO

If yes, explain:

Do you plan to work while you are in the program? _____ YES _____ NO

If yes, Agency _____ Hours/week _____

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 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 student 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

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 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.

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 Science Programs <http://www.coahomacc.edu/programs/health-sciences/HS-Student-Handbook-2023.pdf>

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.

Student Signature

Date

Information Sheet for the TEAS (Test of Essential Academic Skills)

What is the TEAS? The TEAS is a computerized pre-entrance test required for all applicants to the Coahoma Community College (CCC) Health Science programs. The TEAS is used to evaluate applicants for admission to the programs. The TEAS is only one of several criteria used in the selection process. The TEAS evaluates four different academic areas – Reading, Math, Science, and English.

How do I prepare for the TEAS? The TEAS Study Guide is available for sale in the CCC Bookstore or online at www.atitesting.com.

It is highly recommended that applications take time to prepare for the TEAS. Applicants are scored and ranked according to their TEAS sub-scores, as well as ACT score and GPA on pre-requisites-the higher the scores, the better the chance of acceptance into the program.

How do I register to take the TEAS? Complete and submit the TEAS Registration Form along with a \$70.00 money order with your application. (*See TEAS Registration Form*)

Where do I take the TEAS? The TEAS is given on computer at the CCC Gathwright 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.

- All applicants must pay according to the above instructions and create an account online prior to the day of testing-
 - Go to www.atitesting.com
 - At the top left of the screen, go to Sign In and click the tab Create an Account
 - Fill in the information
 - Create a user name and password (**write it down so you will remember it on the day of the test as well as for future use one in the program**)
 - After filling in the information click Register
- Bring a picture ID on the day of the test. Applicants will not be allowed to test without it.
- Calculators are not allowed.

What do I need to make on the TEAS to pass? Applicants are ranked according to performance on the TEAS as well as ACT and GPA. A TEAS specific passing score has not been set. The higher the TEAS sub-scores, the better the chances of acceptance are as long as ACT and GPA meet the admission criteria.

How often can I take the TEAS? Applicants may take the TEAS no more than once a year.

Where do I submit the TEAS Registration Form? See Registration Form

TEAS Registration Form

Name _____

Mailing Address

Email address _____

Phone number _____

Space is limited so please choose your date for testing. You will receive confirmation by email. **You will not be scheduled for TEAS testing until application is complete.**

Time for the TEAS: 9:00am (Note: Cancellation – 48-hour notice required)

Remote testing of TEAS scores will not be accepted.

(Check your date)

Polysom	Date/Time
	Wednesday, September 6, 2023
	Friday, September 29, 2023
	Wednesday, October 11, 2023
	Wednesday, October 25, 2023
	Wednesday, November 8,

_____ Enclosed is my money order for \$70.00 made payable to Coahoma Community College (no personal checks).

All applicants must have taken the TEAS and submitted their completed application by **November 3, 2023** to be considered for admission to the Health Science program.

Check List for Completion of Application to the Health Science program

1. _____ Completion of general admission application to CCC online
(www.coahomacc.edu)

**Submit all of the following to the respective program Administrative Assistant by
November 3, 2023.**

Attention: Tiffany Wilder (**PSG, EMS**)
Rena Butler Health Science Annex
917 Ohio Ave
Clarksdale, MS 38614
(662) 621-4159

2. _____ Completed CCC Health Science application packet.
3. _____ Official copy of transcript(s) from each college/university attended. Cumulative minimum GPA of **2.0** is required.
4. _____ Official ACT (American College Test) scores.
5. _____ Government issued picture identification
6. _____ Social Security Card
7. _____ Registration for TEAS with \$70.00 money order. (Optional-purchase TEAS Study Manual from CCC Bookstore or online at www.atitesting.com)
8. _____ Official high school transcript or GED
9. _____ Signed Health Science Performance Standards
10. _____ Immunization Records
11. _____ Signed Criminal Background Check Information form (upon acceptance, a \$50.00 money order for Fingerprinting will be required)
12. _____ Signed Drug Abuse Policy Understanding
13. _____ Two letters of recommendation

Submit the following additional documents if **RE-APPLYING to a Health Science program**

14. _____ Completed Action Plan for Success form

Submit the following additional documents if applying for the **Paramedic (EMS) program**

15. _____ Current National/State EMT licenses

Action Plan for Success

(Must be completed by students applying for readmission to program)

Name _____

Date _____

1. Year and course(s) unsuccessful in program _____
2. Have you been unsuccessful in another program? _____ YES _____ NO
3. List key reasons why you were not successful in the program:

4. Check other contributing factors you think played a role of unsuccessful performance in the program: (Check all that apply)

Academic Factors

- | | | |
|--|--|---|
| <input type="checkbox"/> Reading comprehension | <input type="checkbox"/> Math skills | <input type="checkbox"/> Attendance |
| <input type="checkbox"/> Science background | <input type="checkbox"/> Study skills | <input type="checkbox"/> Writing skills |
| <input type="checkbox"/> Instructor/Student conflict | <input type="checkbox"/> Verbal skills | <input type="checkbox"/> Computer skills |
| | <input type="checkbox"/> Clinical skills | <input type="checkbox"/> Test taking skills |

Personal Factors

- | | | |
|--|--|---|
| <input type="checkbox"/> Personal illness/crisis | <input type="checkbox"/> Time management | <input type="checkbox"/> Prioritization |
| <input type="checkbox"/> Other | List _____ | |

Family Factors

- | | | |
|--|-------------------------------------|---|
| <input type="checkbox"/> Family illness/crisis | <input type="checkbox"/> Child care | <input type="checkbox"/> Lack of family support |
| <input type="checkbox"/> Other | List _____ | |

Work Factors

- | | |
|--|--------------------------------|
| <input type="checkbox"/> Worked too many hours | List # hours worked/week _____ |
| <input type="checkbox"/> Work and school schedule conflict | |
| <input type="checkbox"/> Other | List _____ |

Financial Factors

- | | |
|---|--|
| <input type="checkbox"/> No financial support | <input type="checkbox"/> Limited financial support |
| <input type="checkbox"/> Other | List _____ |

5. Which resources did you utilize while in the program (check all that apply):

- Faculty advisement Student Navigator Campus Tutorial
 ATI Textbook Resources Pearson Vue
 Library Electronic Database
 Other List _____

6. List other resources you think would have assisted your success in the program.

7. After identifying your challenges for success in the program, did you seek assistance?

_____ Yes _____ No If yes, who and when did you seek assistance?

8. If your performance was due to factors listed in #3 or #4, how will you manage those situations or similar issues if they arise in the future?

9. What steps have you taken to improve factors that led to your inability to progress in the program?

10. List three or more actions you have taken to ensure success in the program if readmitted:

Student Signature

Date

(Adopted from IHL, Exit Interview, Dec. 2015)
(L. Willingham, Jan. 2019)

PHYSICAL EXAMINATION

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 _____ Expected Due Date

History of alcohol or abuse problem ____ Yes ____ No

The following abnormalities should be note:

Signature of Physician or Nurse Practitioner

Date

Health Science Performance Standards for Admission and Progression

The following performance standards provide descriptions of basic cognitive, sensory, affective, and psychomotor requirements for successful program completion. In order to successfully complete the program, an applicant/student must be able to do the following:

Physical Standards:

- Lift/carry, push/pull objects such as equipment weighing up to 40 lbs.
- Transfer/position up to 300 lbs with assistance while lifting, positioning, and transferring clients.
- Stand/walk for prolonged periods (up to 75% of 6 to 12-hour shifts) of time with occasional sitting.
- Aid individuals with activities of daily living.
- Physical mobility and strength sufficient to propel wheelchairs, stretchers, etc. through doorways and close-fitting areas.
- Perform CPR satisfactorily and respond quickly in an emergency situation.
- Bend and twist frequently at the waist.
- Kneel, stoop, and crouch occasionally when performing tasks.
- Manual and finger dexterity sufficient to manipulate patients and equipment; handle small and large equipment for storing, retrieving, and moving; manipulate knobs and dials; and assemble, disassemble, correct malfunctions, perform maintenance and evaluate various pieces of medical equipment.
- Extend arms downward, outward, or upward.
- Auditory ability sufficient to hear verbal instructions, hear heart and breath sounds with a stethoscope, hear gas flow through equipment, and perceived warning signals.
- Visual acuity sufficient to read typed, handwritten, or computer information; see patient conditions such as skin color and work or breathing/ and accurately read gauges, dial settings, and digital and analog displays and recognize biohazardous fluids.
- Physical tolerance to a clinical environment that may include noisy conditions, crowded conditions, stressful situations, sterile surroundings, exposure to blood-borne pathogens, secretions, bodily fluids, and exposure to chemicals/solvents.

Cognitive and Behavioral Standards:

- Calculate, analyze, interpret, and record numbers and physical data accurately from observation, charts, and computer information systems.
- Apply theory to clinical practice, maintaining competence under challenging and sometimes stressful situations.
- Communicate effectively, utilizing written and spoken English when interacting with patients, their families, and other healthcare professionals.
- Interact professionally and effectively with patients, families, and co-workers as a health care team member.
- Carry out orders accurately and in a timely manner.

- Function safely, effectively, and calmly under stressful situations.
- Prioritize effectively and maintain composure while managing multiple tasks.
- Accepts and apply constructive feedback.
- Maintain a positive and constructive manner with peers, co-workers, preceptors, and instructors

Persons with Disabilities:

Individuals with disabilities are encouraged to apply for admission and/or matriculation in the program. In accordance with the Americans with Disabilities Act and the Rehabilitation Act of 1973, accommodations for students with disabilities will be considered at the student’s request. The student will be required to register with Taneshia Turner, Director of Employee Services/Coordinator for 504/ADA, Title IX Compliance Officer, and provide documentation of disability, requested accommodations will be considered. Accommodations for the classroom, laboratory, or clinical setting will be considered according to reasonableness. Accommodations that compromise patient care, or that fundamentally alter the nature of the program or activity, are not considered to be reasonable. A student denied accommodation may request an individualized determination to assure that the denial is not a result of disability discrimination.

For addition information, please contact 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

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 program.

Signature of Physician or Nurse Practitioner

Date

IMMUNIZATION / VACCINATION REQUIREMENTS

Vaccine	1 st	2 nd	3 rd
MMR¹			
Hepatitis B²			
Varicella³			
Tetanus⁴ DTaP/Tdap			
TB⁵			
Flu⁶			
COVID⁷			

- 1: Proof of **2** MMR vaccination or positive measles, rubella, and mumps titers (history of MMR is not acceptable).
- 2: Proof of **3** Hepatitis B (HBV) vaccinations, or a HBV declination form signed and on record or positive hepatitis B antibody titer.
- 3: Proof of **2** Varicella (chickenpox) vaccination or a positive titer (history of chickenpox is not acceptable).
- 4: Tdap vaccine (tetanus, diphtheria, and acellular pertussis) within 10 years (or TD booster within 10 years if the prior dose of Tdap received after age 11 is greater than 10 years).
- 5: Proof of **2** TB skin test (must include site, dates of administration and interpretation of a negative result, and lot number). A negative TB screening must be dated within 12 months of graduation, or an annual update is required.
- 6: Proof of Influenza (if applicable) during current influenza season.
- 7: Proof of Covid-19 Coronavirus vaccination.