

**COAHOMA COMMUNITY COLLEGE
ASSOCIATE DEGREE PARAMEDIC PROGRAM**

Application & Admission Procedure

General Information

The application submission time frame for the Associate Degree Paramedic Program is **January 12 through June 12** .

Contact the Emergency Medical Technology Department (662-621-4041/ 662-621-4210) for clarification or questions regarding application.

Summer Requirements for Fall, 2015 admission to the Paramedic Program:

If accepted to the Paramedic Program, the following must be completed before Fall, 2015 enrollment is allowed:

1. Successful completion all course requirements for admission
2. Successful completion of the *Health Sciences Summer Enrichment Camp* from July 13- July 15, 8:00am to 4:00pm at the CCC Allied Health Training Center
3. Successful completion additional program-specific requirements

Application to Coahoma Community College

An application to Coahoma Community College must be made or updated **before** applying to the Associate Degree Paramedic Program.

Go to <http://www.coahomacc.edu/admissions-financial-aid/admissions/index> for the college application form(s).

The requirements for general and program-specific admission are:

- 1) A completed CCC application
- 2) High school transcript or GED
- 3) ACT with a score of **16** or higher
- 4) Social security card, and immunization record (form on website)
- 5) Anatomy & Physiology I with a grade of “C” or better (2.0) **
- 6) Be a NREMT upon admission and become Mississippi certified upon acceptance to the Program.
- 7) Pass an NREMT basic knowledge and skills assessment test with a grade of 80%
- 8) Pass a state and federal criminal background check
- 9) Attend a Health Sciences Summer Enrichment Program in the summer before classes begin

**NOTE: Students will sign an *acknowledgement form* stating that they agree to complete these requirements.

Pre-Admission Requirements for the Associate Degree Paramedic Program

1. All requirements for general admission to the college must be met and, if owed, any outstanding fees paid to CCC business office.

Required Pre-Requisites:

- Nationally Registered EMT with Mississippi certification
- Anatomy & Physiology I with grade of "C" or better, (2.00 on a 4.00 scale)
[Pursuant to State EMS Law, Rules and Regulations, Article 7.9.4 "human anatomy and physiology may be taken as pre-requisite or co-requisite courses."](#) (as of 11/2013 ed.)

*If Anatomy and Physiology I has been taken prior to acceptance into the paramedic program, it must have been taken within the last **5 years.***

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

Application Procedure

The following documents must be submitted to the Office of Emergency Medical Technology by: JUNE 12, 2015

1. Complete the CCC Associate Degree Paramedic application (Included)
2. Obtain *official* copy of all transcripts from each college or university attended. (The student should request 2 official copies of transcripts from each college/university attended, one to be sent to student directly and the other to be submitted with the application.
To be official, transcripts must remain sealed in the original envelope.
3. CCC transcripts? Go to CCC's Admission Office and request that an official CCC transcript be sent to the Associate Degree Paramedic Program either by sealed envelope or by *E-script*.
4. Obtain official ACT (American College Test) scores
5. Obtain official high school transcript or GED
6. Sign and have witnessed the criminal background check information form
7. Sign and have witnessed the drug policy understanding
8. Sign the acknowledgement form

For All Students Requesting Readmission (to the Paramedic Program)- A letter which includes the following:

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

All application information must be received by the Associate Degree Paramedic Program no later than **Friday June 12, 2015** to be considered.

****INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED****

Submit COMPLETED application packet to:

*Coahoma Community College- Division of Health Sciences
Emergency Medical Technology
901 Ohio Ave
Clarksdale, MS, 38614*

Submission may be by US mail or in person.

Notification of Acceptance/Non-acceptance

****Letters of *acceptance or non-acceptance* for Fall,2015 class will be mailed by **June 22, 2015******

If a letter of acceptance is received, 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 applications are reviewed and it is determined that a student is accepted into the Associate Degree Paramedic Program, the following will be required at the **student's own expense** and are due **no later than the first week in August before the first class begins:**

1. Physical examination according to specified form.
2. Evidence of vaccine or proof of titer for Hepatitis B and Varicella and current Tetanus and Tuberculosis (TB) vaccines.
3. CPR certification for health care providers current for 2 years. This must be maintained until graduation.
4. Criminal background check clinical clearance letter.

This information becomes part of the students file and is needed before clinical rotations begin. Students will not be able to start classes if the above requirements are not met by the specified time.

Other Important Information:

1. Student malpractice insurance is 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, 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 with varying hours that may vary from 8 to 24 depending on the clinical 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**

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 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 _____
If yes, When _____
If yes, under what name? _____

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 _____
Phone _____ Hours/week _____

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 _____

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 subject the applicant to disciplinary proceedings.
2. 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

COURSE CURRICULUM

Associate Degree Paramedic Program			
	Hours		
Prerequisites	4		
Freshman Year		Sophomore Year	
Fall Semester		Fall Semester	
EMS 1122 Introduction to EMS Systems	2	EMS 2414 Maternal/ Pediatrics	4
EMS 1314 Airway Management, Resp, Oxygenation	4	EMS 2565 Clinicals III	5
EMS 1414 Patient Assessment	4	EMS 2912 EMS Operations	2
EMS 1513 Clinicals I	3	EMS 1422 Special Patient Populations	<u>2</u>
EMS 1614 Pharmacology	<u>4</u>		13
	17		
Spring Semester		Spring Semester	
EMS 1825 Cardiology	5	Oral Communications	3
EMS 2855 Medical	5	Social/ Behavioral Science Elective	3
EMS 1525 Clinicals II	5	Fine Arts/ Humanities Elective	3
EMS 2714 Trauma	<u>4</u>	**Math/ Science Elective**	4
	19	Written Communications Elective	<u>3</u>
			16
Total Required Hours	36	Total Required Hours	29
Pre-requisites:			
BIO 2513 Anatomy & Physiology I	3 hours		
BIO 2511 Anatomy & Physiology Lab I	1 hour		
TOTAL HOURS REQUIRED TO GRADUATE: <u>69 HOURS</u> (includes the 4 hours of A & P I)			
Co-requisites:			
BIO 2523 Anatomy & Physiology II			
BIO 2521 Anatomy & Physiology Lab II			
NOTE: Pursuant to Miss. EMS Law, Rules and Regulations Article 7.9.4: states that one of the requirements for students of paramedic training programs is: "Completion of 8 semester hours of anatomy and physiology from an accredited post- secondary school. Minimum average of C or higher must be obtained. Human anatomy and physiology may be taken as pre-requisite or co-requisite courses".			
** A & P II satisfies the Math/ Science elective for the general education requirements to earn the Associates degree**			

COAHOMA COMMUNITY COLLEGE
ASSOCIATE DEGREE PARAMEDIC PROGRAM

Mailing Address:
3240 Friars Point Road
Clarksdale, Mississippi 38614

Telephone:
(662)621-4210/(662)621-4041

Physical Location:
901 Ohio Street
Clarksdale, Mississippi 38614

Website Address:
www.coahomacc.edu

Type of Program:

- Associate Degree Paramedic Program

Length of Time:

- 2 years (2 academic years)

Credits required for graduation:

- 65 hours

Degree awarded:

- Associate in Applied Science (AAS)

Estimated Costs/Fees:

The cost/fees include tuition/related fees and the paramedic program costs. They include but are but not limited to:

- Standardized testing/remediation
- Uniforms, laboratory supplies
- Professional development, graduation, etc. as appropriate for each semester.

Fees are *estimates* of program costs and are subject to change.

Year 1

Fall- \$2438

Spring- \$1373

Year 2

Fall- \$1555

Spring- \$ 1515

****THE FEES SHOWN INCLUDE CINICAL SITE TRAVEL AND OVERNIGHT STAYS PLUS BOOKS REQUIRED FOR THE COURSE.**

****SPRING OF YEAR 2 IS RESERVED FOR STUDENTS WHO MUST COMPLETE GENERAL EDUCATION REQUIREMENTS TO ATTAIN THE ASSOCIATE DEGREE.**

****OUT OF STATE TUITION IS NOT REFLECTED ON THIS ADMISSIONS APPLICATION AND MAY ALSO BE SUBJECT TO CHANGE.**

PLEASE REFER TO COAHOMA COMMUNITY COLLEGE WEBSITE AT
<http://www.coahomacc.edu/admissions-financial-aid/admissions/index> FOR FURTHER
INFORMATION ABOUT TUITION AND FEES.

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 August 10th. If a student does not receive a letter of clinical clearance following fingerprinting, they should make an appointment with the designated representative from the hospital Human Resource Department where fingerprinted and take all criminal background documentation to the meeting.

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

Signature of Witness

Date of Signature

***Return this completed form with your application information.**

**Coahoma Community College
Health Sciences Division
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.

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
Allied Sciences Division

Program Physical Performance Standards

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 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

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: (continued next page)

- 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
- 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