

**COA**

## **Graduation Requirements**

1. Requirements for the **Paramedic Certificate**:
  - a. Eight semester credit hours of Anatomy and Physiology with labs with

5. Official high school or GED transcript.
- 6.

**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 the 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**

Do you plan to work while you are in the program? Yes \_\_\_\_\_ No \_\_\_\_\_

Agency \_\_\_\_\_

**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

**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 11390.024 540.7R0akW\* nBT/F1 12 Tf1 0 0 1 108.02 540.7 Tm0 gplan of care and





**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.



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.

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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:

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APPLICATION FOR