



## Application Process

The following documents must be submitted to the Respiratory Care Program by May 17, 2024, for an applicant to be considered for admission:

1. Completed CCC Associate Degree Respiratory Care application
2. **An official** copy of college or university transcripts from each institution attended. (**Request two (2) official copies of transcripts from each college/university attended to be sent to the student directly and then submitted with the application. To be official, transcripts must remain sealed in the original envelope.**)
3. **CCC transcripts;** go to Coahoma's Registrar's Office and request that an official sealed transcript be sent to the Respiratory Care Program.
4. Official ACT (American College Test) scores.
5. Official sealed high school transcript.
6. Signed/witnessed Respiratory Care program performance standards.
7. Signed/witnessed criminal background check information form.
8. Signed/witnessed drug policy understanding.

## Admission Selection Process

1. Candidate files are assessed for documentation that meets all minimum admission requirements for the Respiratory Care Technology Program. **Incomplete applications will not be considered for admission.**
2. A Rating Scale for Admission form is completed and scored on each candidate meeting minimum admission requirements.
3. The Rating Scale for Admission form can be found at [Respiratory Care Admission Rating Scale](#)
4. The completed forms are ranked numerically, and candidates are selected from the top down until available slots are filled.

**REMINDER: An application to Coahoma Community College must be made or updated before applying to the Respiratory Care Program.**

**The Respiratory Care Program must receive all application information no later than May 17, 2024, to be considered. Incomplete applications will not be considered.**

**Submit a COMPLETED application packet to the Coahoma Community College Respiratory Care Program, 901 Ohio Street, Clarksdale, MS, 38614, by mail or in person.**

## Notification of Acceptance/Non-acceptance

Letters of acceptance or non-acceptance will be mailed by the middle of June. 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



**Commission on Accreditation for Respiratory Care**

264 Precision Blvd.

Telford, TN 37690

(817) 283-2835

**COAHOMA COMMUNITY COLLEGE**

**RESPIRATORY CARE PROGRAM**

**APPLICATION**

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](mailto:tyoung@coahomacc.edu)

I am applying to the Respiratory Care program. **PRINT LEGIBLY!**

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)  
**Email Address** \_\_\_\_\_ U. S. Citizen? Yes \_\_\_ No \_\_\_

Have you ever been admitted to CCC? Yes \_\_\_ No \_\_\_ When \_\_\_\_\_

If yes, under what name? \_\_\_\_\_ CCC ID# \_\_\_\_\_

Applied/Admitted to any other Respiratory program? \_\_\_\_\_ 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? \_\_\_\_\_ Expected completion date \_\_\_\_\_

ACT score (composite) \_\_\_\_\_ Courses presently enrolled in \_\_\_\_\_

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 \_\_\_\_\_

**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 Respiratory Care Program may be denied based on the criminal background check results.

I certify that the information on this application is true and accurate.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

## RESPIRATORY CARE







**COAHOMA COMMUNITY COLLEGE  
RESPIRATORY CARE PROGRAM**

**Performance Standards for Admission and Progression**



**COAHOMA COMMUNITY COLLEGE**





