Entrance Requirements:

• A minimum score of silver on the WorkKeys Assessment.
• Call 601.643.8707 for an assessment appointment.
• High School Diploma or High School Equivalency/GED
• TB Skin Test
• Physical exam by a physician
• Hepatitis B vaccination started prior to clinical rotations
• Completed CCMA packet
• Cost: $1000.00 | Fee includes all books, fees, and certification exam

What do Medical Assistants Do?

• Work alongside doctors and nurses
• Administer medications
• Obtain laboratory specimens
• Assist with minor procedures
• Perform electrocardiograms
• Provide patient education
• Administer injections
• Office administration functions

Funding Assistance:

Brookhaven WIN Job Center: 601.833.3511
AJFC Copiah County: 601.894.4745
AJFC Lincoln County: 601.833.6349
AJFC Lawrence County 601.587.4370
AJFC Jefferson County: 601.786.3711
Workforce Scholarship: 601.643.8707

Certified Clinical Medical Assistant (CCMA)

February 21, 2020 - August 30, 2020 (approximately)
Wesson Campus | Fortenberry Building

Classes will meet Mondays, Wednesdays, & Fridays from 8:00 a.m. to 3:30 p.m.
Deadline to register December 18, 2019, by 12:00 p.m.

YOU will learn:

Medical terminology, basic pharmacology, nutrition, psychology, anatomy and physiology, clinical patient care, infection control, testing and laboratory procedures, phlebotomy, patient care coordination and education, administrative assistant skills, medical law, and ethics. Classroom theory, lab, and clinical rotations are required.

After successful completion of all requirements, students will be eligible to test for the National Healthcareer Association CCMA National Board exam for licensure.

Application packets are available for pick-up at
The Thames Conference Center on the Wesson Campus
or download at
https://workforce.colin.edu/program-info/ccma

For information, call 601.643.8707.
Pre-Requisite Checklist:
This packet describes the steps involved in making an application for the CCMA program, please read all information. All pre-requisite costs are to be covered by the student.

| Information on a Career in Certified Clinical Medical Assistant (Page 2) |  |
| Workforce Education General Policies and Attendance (Page 3) |  |
| SIGNED Policy Compliance Form (page 4) |  |
| Copy of one of the following: High School Transcript or Diploma /GED/High School Equivalency |  |
| Silver Level on ACT WorkKeys Assessment. (Register for your appointment. Wesson Campus: Call 601.643-8707. Natchez Campus: Call 601.442.0243) |  |
| Physical / CLCC Health Occupations Examination Report (Page 5-6) |  |
| INCLUDING FIRST STEP OF TB SKIN TEST |  |
| Note: You can have physical and drug screen done at the same time by the physician or clinic of your choice. |  |
| Negative Drug Screen Results on Nine Panel DrugScreen |  |
| • REQUIRED: Valid picture ID and DRUG SCREEN FORM (Page 7) |  |
| Registration Form (Page 8) |  |
| Copy of Immunization Records (Including: MMR and TDAP) |  |
| Hep. B or signed Declination Form (Page 9) |  |
| If you choose to get Hepatitis B vaccine, you may use the physician or clinic of your choice |  |
| Scholarship Applications (page 10) |  |
| • Foundation for the Mid-South |  |
| • 2nd Chance MS |  |
| ATTENTION |  |
| A background check/fingerprint will be performed prior to your clinical rotation. A date will be set by the program coordinator and announced to the class. |  |
| If available, a flu vaccination will be required prior to your clinical rotation. The instructor will provide directions regarding this requirement. |  |

If you have any questions or concerns regarding this class, please call 601.643.8707.
Thank you for your interest in our CCMA class, and we look forward to working with you.
Program Overview:
The Certified Clinical Medical Assistant program is challenging both mentally and physically, because of the unique environment in which CCMA personnel function. It is important to have a good understanding of the demands of the profession. Please read the career information included in the following section to assess your ability to perform the essential job functions. While we will assure that everyone is afforded equal opportunity during the application and instructional processes, you should be aware that you must be able to successfully complete ALL of the program’s requirements.

Things to expect while enrolled in this program:
- Required to attend classroom, lecture, lab, and clinical rotations to complete this program.
- Travel is required (Dependable transportation is required.)
- Fast-paced lessons, which require daily reading assignments and tests.

This packet also includes a list of the program prerequisites and several required registration forms. All forms should be carefully completed and include any necessary documents at registration. Please be aware that the period for immunizations is lengthy and you should plan accordingly. **We do NOT accept unfinished applications. Please use the pre-requisite checklist to help ensure your application is complete.**

Career Information: Certified Clinical Medical Assistant (CCMA)

What does a medical assistant do?
Whether you want to work in a doctor’s office or a large hospital system, becoming a CCMA with NHA shows that you are knowledgeable and ready to be a valued member of a healthcare team.

A medical assistant is a multi-skilled allied health care professional that specializes in procedures commonly performed in the ambulatory health care setting. Medical assistants perform both clinical and administrative duties and assist a variety of providers including physicians, nurse practitioners and physician assistants. They typically work in medical offices, clinics, urgent care centers and may work in general medicine or specialty practices.

Duties can include:
- Checking patients in and out upon arrival and departure
- Answering phone calls and questions
- Assisting providers with exams and procedures
- Administering injections or medications
- Working in the electronic health record (EHR)
- Performing EKG, phlebotomy, and laboratory procedures
- Taking patient vital signs

Why earn a medical assistant certification?
According to the Bureau of Labor and Statistics (BLS), employment of medical assistants is expected to grow 23 percent from 2014 to 2024, much faster than the average for all occupations, which are expected to grow around 7 percent.

Online job postings suggest an even more robust growth in MA employment than the BLS. Research by Gray Associates suggests in 2012 and 2013, MA job postings increased at least 9% each year. In 2014, postings increased 15% and a high annual growth rate continued in 2015.

Having a nationally accredited certification, like the CCMA, can help you stand out. Certification may also be required or preferred for certain job opportunities in the profession.

Many organizations are now offering career-laddering opportunities for medical assistants with elevated responsibilities and pay. Elevated roles may include those of a scribe, health coach, patient navigator, population health manager and patient care coordinator.
Workforce Education Training Policies
The Workforce Education Division will operate its training/courses in accord with the Copiah-Lincoln Community College Student Handbook* available on each campus of the college.

The following items are of particular concern in Workforce Training Courses and merit special mention to students:

1. There will be no cell phone use in the classroom or laboratory. See Cell Phones and Pagers section of the Student Handbook. *
2. Students must be properly dressed prior to the beginning of training/class. There will be no changing of clothing during the training class or laboratory period.
3. Where applicable, students must have a backpack, duffle bag or other container to keep personal training tools, equipment and other gear. (Example: Welding helmet, goggles, hand tools) Tools and other items are not to be borrowed from other students. All personal items are to be removed from the training site after each day’s training.
4. Textbooks and laboratory manuals are to be brought to each training period unless instructed otherwise.
5. There will be no eating or drinking in the classroom. Some laboratory situations may allow drinks (water, soda) in plastic containers. This is determined by the instructor. Your training area must be cleaned of any trash upon completion of the training/class period.
6. Refreshment and restroom breaks will be scheduled for extended training/class periods. Break areas will be designated by the instructor. Students must not go to their vehicle without permission from the instructor. Students are to abide by the time allotted for break.
7. Students must inform the instructors should an emergency arise which requires them to leave the training/course area.
8. There will be no tolerance for disruption of the educational process in the training/class area (classroom or laboratory). This includes but is not limited to conversations during training/class period, profane language, horseplay or other physical activity, reading unrelated materials, sleeping or any other activity deemed disruptive by the instructor. Also see Personal Conversation section of the Student Handbook. *
9. Smoking and other tobacco use is prohibited. This is a tobacco free campus.

Class Attendance
The mission of the Copiah-Lincoln Community College Workforce Education Division is to prepare students for the work force by teaching technical skills and employability skills. In view of this goal, the following attendance policy has been adopted to aid the student in developing appropriate and professional employability skills in the area of attendance.

Policy Statement: Regular class attendance is very important to college success; therefore, students are expected to attend class unless it is absolutely necessary to be absent. Students are expected to make up all work missed due to absences. Note: A penalty may be assessed for work not made up at the discretion of the instructor for the class missed. Each instructor will be responsible for explaining his/her policy to students at the beginning of the training/course. No absence is considered free. Students will be responsible to provide a justifiable reason for each absence. Substantiation should be provided in written form. For example, a doctor’s excuse, obituary, legal documents, etc.

Absences
The cut-out point in Workforce training/courses which meet three times a week is four absences. Three absences are allowed for classroom meetings. One absence is allowed for clinical rotations.

Number of Class Meetings

<table>
<thead>
<tr>
<th>Per Week</th>
<th>Cut Out Point</th>
</tr>
</thead>
<tbody>
<tr>
<td>One</td>
<td>2</td>
</tr>
<tr>
<td>Two</td>
<td>2</td>
</tr>
<tr>
<td>Three</td>
<td>3</td>
</tr>
<tr>
<td>Four</td>
<td>4</td>
</tr>
</tbody>
</table>
Tardies
A tardy is defined as missing up to ten (10) minutes of class. Two tardies constitute one absence. A student is counted absent if more than ten minutes late to class or absent anytime for more than ten minutes. Workforce students who are absent or tardy more than ten (10) minutes from a daily lab period will be counted absent for that lab period.

A student who is tardy **must** notify the instructor of their presence in class at the end of the class.

*The Copiah-Lincoln Community College Student Handbook may be downloaded at this link:* [http://www.colin.edu/students/publications-and-policies](http://www.colin.edu/students/publications-and-policies)

Refund Policy
Refunds will be issued only within the fiscal year (July through June) the class was held.

Refund requests should be made in writing. Request should include the name of participant, name of class, reason for refund, payment method, location and date of class, contact information, and mailing address.

Written refund requests are not required in the event the class is cancelled due to a necessary action by Copiah-Lincoln Community College.

Class fees containing test vouchers, curriculum materials, meals, or any time sensitive materials could be subject to a partial refund at the discretion of the facilitator.

In the event any class/program specific rules conflict with these general rules, the class specific rules shall control. Co-Lin Workforce reserves the right to interpret and apply all rules applicable to its classes and its interpretation and application shall be final.

This training program, sponsored by Copiah-Lincoln Community College Workforce Education, is not eligible for college credit. Completion of this course will prepare students to sit for the National Healthcareer Association Certification Exam. Copiah-Lincoln Community College does not discriminate on the basis of race, color, religion, national origin, sex, age, disability, or other factors prohibited by law in any of its educational programs, activities, admissions, or employment practices.
Policy Compliance Form

I, __________________________, have read and understand the Workforce Education Training Policies.

I have read and understand the Workforce Education Refund Policies. I understand that in the event I do not complete this training for any reason or am dismissed from this program, no refunds will be allowed.

I certify that all the information submitted in this application is accurate and true to the best of my knowledge.

I understand that a Background/Fingerprint Check will be performed prior to my clinical rotation and a date will be set by the program coordinator. This check is required before entering the facility for rotation. I understand that failure to comply will result in dismissal from the program and no refund will be awarded.

I understand that I may be asked to receive a Flu Vaccination prior to entering a clinical rotation host facility.

Signature: __________________________________________

Date: __________________________________________________________________
Certified Clinical Medical Assistant (CCMA)

Copiah-Lincoln Community College
Health Occupations Examination Report

Directions to Health Care Provider: I am an applicant for a Health Occupations Education Program offered by Copiah-Lincoln Community College Workforce Education. This document serves as an authorization for you to share all the requested information.

Applicant Signature: ___________________________ Date: ___________________________
Witness Signature: ___________________________ Date: ___________________________

<table>
<thead>
<tr>
<th>APPLICANT INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Name: ____________________________________________________________________</td>
</tr>
<tr>
<td>Last                             First                         M.I.</td>
</tr>
<tr>
<td>Address: Street Address __________________________ ____________ Apartment/Unit #</td>
</tr>
<tr>
<td>City ___________________________ State ___________ ZIP Code __________________</td>
</tr>
</tbody>
</table>
| Phone: ___________________________ Cell Phone: ___________________________
| Height: ___________ Weight: ___________ Age: ___________________________

Health History
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

<table>
<thead>
<tr>
<th>HEALTH EXAMINATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ears: Condition (R) (L) Hearing (R) (L)</td>
</tr>
<tr>
<td>Eyes: W/glasses (R) (L) W/out glasses (R) (L)</td>
</tr>
<tr>
<td>Feet: (R) (L)</td>
</tr>
<tr>
<td>Nose: ___________________________ Sinuses: ___________________________ Throat: ___________________________</td>
</tr>
<tr>
<td>Thyroid: ___________________________ Lungs: ___________________________ Heart: ___________________________</td>
</tr>
<tr>
<td>B/P: ___________________________ Skin: ___________________________ Abdomen: ___________________________</td>
</tr>
<tr>
<td>Hernia: ___________________________ Posture: ___________________________ Back: ___________________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TEST RESULTS AND IMMUNIZATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Step TB Test</td>
</tr>
<tr>
<td>Date: ___________________________ Findings: ___________________________</td>
</tr>
<tr>
<td>If positive, must complete a pulmonary history survey and attach.</td>
</tr>
<tr>
<td>May attach copies of TB skin test and immunization records</td>
</tr>
</tbody>
</table>

Hepatitis #1 Date: ___________ Rubella Date: ___________
Hepatitis #2 Date: ___________ Rubeola Date: ___________
Hepatitis #3 Date: ___________ Varicella Date: ___________

SEE PAGE 6 TO COMPLETE THIS FORM
Copiah-Lincoln Community College
Health Occupations Examination Report (Continued)

Does the applicant have a history of drug abuse? Yes ☐ No ☐

Does the applicant have a history of alcohol abuse? Yes ☐ No ☐

Does the applicant have a history of mental or emotional illness? Yes ☐ No ☐

Is the applicant’s health satisfactory to perform duties in the field for which application is made? ☐ ☐

Is applicant taking any routine prescribed medications? ☐ ☐

Explain any physical findings or conditions that would prevent applicant from rendering service in health occupations education.

________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________

Physician’s Name: ________________________________

Address: ____________________________________________
Street Address ________________________________________
Apartment/Unit # ____________________________________

City __________________________ State ______ ZIP Code ______

Phone: ___________________________ Cell Phone: ________________

Signed: __________________________ M.D./N.P. __________________ Date: __________________

PHYSICIAN INFORMATION
<table>
<thead>
<tr>
<th>ETHNIC/RACIAL GROUP</th>
<th>SEX</th>
</tr>
</thead>
<tbody>
<tr>
<td>White/Caucasian</td>
<td>Female</td>
</tr>
<tr>
<td>Black/African American</td>
<td>Male</td>
</tr>
<tr>
<td>Hawaiian Native/Pacific Islander</td>
<td></td>
</tr>
<tr>
<td>Asian</td>
<td></td>
</tr>
<tr>
<td>American Indian/Alaskan Native</td>
<td></td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LEVEL OF EDUCATION</th>
<th>EMPLOYMENT STATUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please indicate which of the following best describes your level of education:</td>
<td>Please indicate if you are currently:</td>
</tr>
<tr>
<td>Less than high school</td>
<td>Employed</td>
</tr>
<tr>
<td>High school degree/GED</td>
<td>Retired</td>
</tr>
<tr>
<td>Some college (no degree/Career Certification)</td>
<td>Unemployed</td>
</tr>
<tr>
<td>Associate degree (2 yr. degree)</td>
<td></td>
</tr>
<tr>
<td>Bachelor degree (4 yr. degree)</td>
<td></td>
</tr>
<tr>
<td>Masters/Ph.D.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EMPLOYMENT TYPE</th>
<th>TEMPORARY EMPLOYMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please indicate if your current or most recent employment is/was:</td>
<td>Please indicate if your current or most recent employment is/was temporary:</td>
</tr>
<tr>
<td>Full time</td>
<td>Yes</td>
</tr>
<tr>
<td>Part time</td>
<td></td>
</tr>
<tr>
<td>Seasonal</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EMPLOYER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please provide name of your current or most recent employer:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DISCLAIMER AND SIGNATURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>The information you provide on this form will remain confidential and will only be used to improve services provided by the Workforce Center.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date:</th>
<th>Signature:</th>
</tr>
</thead>
</table>

Copiah-Lincoln Community College does not discriminate on the basis of race, color, religion, national origin, sex, age, disability, or other factors prohibited by law in any of its educational programs, activities, admissions, or employment practices.
Hepatitis B Vaccine Consent Form

Copiah-Lincoln Community College seeks to provide protection of students and instructors in all situations. The Hepatitis B policy was adopted to help ensure the safety of all involved in health occupations.

NAME: ________________________________

Hepatitis B is a viral illness that can cause serious illness and liver disease. The virus causing Hepatitis B is present in many people who are not aware of it. Those working in hospitals and other health care facilities frequently come into contact with blood products that can pass on the Hepatitis B virus to us. In an attempt to secure the well-being of our students and to avoid the spread of this disease, the school is recommending the Hepatitis B recombinant vaccine. Since the disease does cause a significant amount of severe illness, cirrhosis, potential liver cancer, and occasionally even death, Co-Lin recommends that you take the vaccine.

The vaccine is made by recombinant gene technology and there is no risk of acquiring AIDS or any other infection from taking the vaccine. Minor reactions such as soreness at the injection site can occur, but serious reactions are rare (less than 1 in 10,000 injections). Those who know they are allergic to yeast, who have a hypersensitivity reaction to a previous Hepatitis B vaccination, should not take the vaccine. If you are now pregnant or have an active infection, you should delay vaccination unless an exposure occurs. If an exposure occurs, a decision will be made on an individual basis.

Below are two options that you are offered with respect to the Hepatitis B vaccine. You may elect not to take the vaccine; you may elect to take the vaccine as an intramuscular injection.

Please select option A or option B below.

A. I do not wish to take any vaccine to prevent me from getting Hepatitis B. I realize that Hepatitis B is a very serious illness causing severe liver damage and potential death. I also realize that the disease, if I get it, can potentially be passed on to my family and any unborn children. I understand that the vaccine has a very low risk of any kind of reaction and that the vaccine will not expose me to any risk of AIDS because it is not made from other human serum.

Signature: ____________________________ Date: ____________________________

B. Intramuscular Injection: I wish to receive the vaccine through intramuscular injection to reduce the likelihood of acquiring Hepatitis B. The injection is given in 1cc doses intramuscularly on three separate occasions. I realize that I must get all three injections before I am considered immune. I also realize that it is possible to take all three injections and still not be immune. I understand that a blood test to tell if I have immunity is not routinely given or recommended after intramuscular vaccine, but I may obtain an immunity test through my own physician or resources. I agree to take the first injection and submit proof of this on the first day of class. I agree to pay all costs associated with the vaccine.

Signature: ____________________________ Date: ____________________________
Copiah-Lincoln Community College Workforce Training Program
Supplemental Scholarship Application

Completion of this form does not register applicant for the CCMA training. STUDENTS MUST complete registration to be considered for the stipend. To register, please contact 601.643.8707 or visit the Thames Conference Center.

This stipend is a one-time award provided by the Foundation for the Mid-South. The purpose of the stipend is to offset tuition costs required for the Co-Lin Workforce Education CCMA Training held at the Wesson Campus. The one-time $500.00 award will be paid to Copiah-Lincoln Community College, and applied to recipient’s tuition.

The recipient will be responsible for the remaining balance and any required supplies for the class. Stipend recipients are required to complete the requirements of this course. Non-completion will result in recipient owing Copiah-Lincoln Community College the full stipend amount.

Applicant Information

Full Name: ____________________________________________

Last
First
M.I.

Address: ____________________________________________

Street Address: ____________________________________________________________________________

Apartment/Unit #

City: ____________________________________________

State: _______ ZIP Code: _______

Phone: ________________________

Cell Phone: ________________________

County of Residence: __________

High School Attended: ________________________

Year Graduated High School/ Received High School Equivalent: ________________________

Are you applying for financial assistance from other sources? □ NO □ WIN Job Center □ AJFC □ Other, Please List ________________________

Why are you taking this class? Select all that apply.

□ For a new/better job □ Required by employer □ For personal benefit

□ Other Explain Here:

Agree to all of the following statements, by checking each box:

□ I will commit my time and effort to completing this course.

□ I will make an effort to attend an upcoming financial literacy class.

□ I agree to provide Co-Lin with a copy of any and all earned credentials

□ I agree to provide an employment update to Co-Lin up to 6 months after course completion.
**Explain why you need this supplemental stipend.**

Explain here:


**Disclaimer and Signature**

*I certify that my answers are true and complete to the best of my knowledge.*

Signature: ___________________________ Date: ___________________________

Copiah-Lincoln Community College does not discriminate on the basis of race, color, religion, national origin, sex, disability, age or other factors prohibited by law in any of its educational programs, activities, admission, or employment practices. The following offices have been designated to handle inquiries and complaints regarding the non-discrimination policies of Copiah-Lincoln Community College. Questions, complaints, or requests in regard to Title IX directives should be made to the Title IX Coordinator, Dr. Brenda Brown Orr, Sandifer Building, John Landress Circle, Wesson, MS 39191, (601) 643-8671. Questions, complaints, or requests in regard to Section 504 directives should be made to: Wesson Section 504 Coordinator, Samantha Speeg, Henley Building, Lester R. Furr Dr., Wesson, MS 39191, (601) 643-8436; or Natchez Section 504 Coordinator, Zach Moulds, Tom Reed Academic Building, 11 Co-Lin Circle, Natchez, MS 39120, (601) 446-1205; or Simpson Section 504 Coordinator, Michelle Crace, Sidney Parker Academic Building, 151 Co-Lin Dr., Mendenhall, MS 39114, (601) 849-0126.

**Upon completion, return this form to the Co-Lin Wesson Campus.**
Completion of this form does not register applicant. STUDENTS MUST complete registration requirements to be considered for the scholarship. Call 601.643.8707 to register.

This scholarship is a one-time award provided by 2nd Chance Mississippi. The purpose of the scholarship is to offset tuition costs required for approved workforce training programs. The one-time award will be paid to Copiah-Lincoln Community College, and applied to recipient’s tuition.

Recipients will be responsible for the remaining balance and any required supplies for the class. Additionally, upon accepting the scholarship students agree to complete the requirements of this course and take the exit assessment(s). Non-completion will result in recipient owing Copiah-Lincoln Community College the full scholarship amount.

Full Name: ______________________________________________________________________
Last                                      First                                      M.I.

Address: ____________________________________________  ______________________________________
Street Address                                      Apartment/Unit #

City                                      State                                      ZIP Code

Phone: ____________________________________________  Cell Phone: ____________________________

County of Residence: ______________________________________________________________________

High School Attended: ______________________________________________________________________

Are you applying for financial assistance from other sources?  □ NO  □ WIN Job Center  □ AJFC  If Other, Please List ____________________________

Agree to all of the following statements, by checking each box:

☐ I will commit my time and effort to completing this course.

☐ I agree to provide Co-Lin with a copy of any and all earned credentials as related to this course

☐ I agree to provide an employment update to Co-Lin up to 6 months after course completion.

☐ Upon signing this document, I accept the funds supplied by 2nd Chance Mississippi to enter and complete this course.

Signature: ____________________________  Date: ____________________________

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