

Please note: This application is for Rose State College Campus Students

ROSE STATE COLLEGE RESPIRATORY THERAPIST PROGRAM APPLICATION PACKET

February 1, 2013

Dear Applicant:

Thank you for your interest in our program.

Enclosed in this packet are the items that should be completed and submitted to the program as soon as possible. Carefully read all of the application instructions. All of the materials contained in this packet must be submitted to consider the application complete. Use the check-off boxes in the instructions to assist you.

Please see the instructions on the Hospital Visitation Form, page 8, of this packet, in order to arrange your hospital visit with St. Anthony Respiratory Care Department. Read and sign the confidentiality form before scheduling your hospital visit. Submit the completed confidentiality form with your application. If you applied to the program in 2012, *and* we have documentation of your hospital visit at that time, you do not need to repeat this.

A Mandatory Orientation session will be held from 3:00 p.m. – 5:00 p.m. on Tuesday, April 30, 2013. See instructions on page 6 to confirm your attendance.

Completed *applications are due* by **5:00 PM Monday, April 15, 2012**. Please turn your application in to the program secretary, Diana Lovendino, in HSC 100B. If Diana is not available, you may turn the application in at the Health Sciences Division office, HSC 100B.

Please call Ms. Lovendino at (405)733-7361 for clarification if you have any questions about the application process.

Sincerely,

Kathe Rowe, B.S.Ed., RRT, Director
Respiratory Therapist Program
(405)733-7571
E-mail: krowe@rose.edu

ROSE STATE COLLEGE HEALTH SCIENCES DIVISION
6420 SE 15th Street MIDWEST CITY, OKLAHOMA 73110
(405) 733-7359

APPLICATION FOR ADMISSION TO RESPIRATORY THERAPIST PROGRAM:

NAME _____ TELEPHONE Home _____
(Last) (First) (Middle) (Maiden)

Cell phone : _____ E-mail: _____

ROSE STATE COLLEGE STUDENT ID # _____

YOUR CURRENT ADDRESS _____
(Number & Street) (City) (State) (Zip)

YOUR PERMANENT ADDRESS _____
(Number & Street) (City) (State) (Zip)

NAME OF YOUR EMPLOYER _____ WORK PHONE _____

ADDRESS _____
(Number & Street) (City) (State) (Zip)

PERSON TO CONTACT IF WE ARE UNABLE TO REACH YOU OR IN CASE OF EMERGENCY

NAME _____ TELEPHONE _____
(Last) (First)

ADDRESS _____
(Number & Street) (City) (State) (Zip)

HOW DID YOU LEARN OF THE ALLIED HEALTH PROGRAMS AT ROSE STATE?

NOTICE:

NOTIFY YOUR PROGRAM DIRECTOR SHOULD ANY OF THE FOLLOWING SITUATIONS RELATE TO YOU:

- CONVICTED OF A FELONY OR HAVE FELONY CHARGES PENDING;
- COMMITTED FOR MENTAL INCOMPETENCY;
- HABITUALLY INDULGED IN OR ADDICTED TO DRUGS OR ALCOHOL;

THESE CONDITIONS MAY AFFECT YOUR ELIGIBILITY FOR LICENSURE, REGISTRY OR CERTIFICATION CREDENTIALS AND CONSEQUENTLY MAY HAVE A BEARING ON EMPLOYABILITY. CLINICAL AFFILIATES REQUIRE A SEVEN YEAR NATIONAL BACKGROUND AND SEXUAL OFFENDER CHECK AND DRUG TESTING. STUDENTS WILL BE RESPONSIBLE FOR THE COST OF THESE CHECKS AND TESTS. LIKEWISE, THESE CHECKS AND TESTS MAY BE REQUIRED BY POTENTIAL EMPLOYERS.

I affirm that the information which I have provided for this application is complete and accurate. I understand that my application will not be considered until all necessary official transcripts have been submitted and the application procedures completed.

Signature Date

Rose State College
Respiratory Therapist Program

Name _____ Date _____

Complete and submit this form with your application for admission.

Course	When	Where	Grade
ENGL 1113 English Comp I			
ENGL 1213 English Comp II			
HIST 1483 US History to 1877 <u>OR</u>			
HIST 1493 US History since 1877			
POLS 1113 American Federal Government			
PSYC 1113 Introduction to Psychology			
HSBC 1113 Medical Terminology			
HSBC 1224 Intro to Clinical Microbiology <u>OR</u>			
LFSC 2035 Principals of Microbiology			
LFSC 2424 Human Physiology			
HSBC 2114 Human Anatomy			
CHEM 1114 Introductory Chemistry			
A&P I or Anatomy (4 credit hours)			
A&P II or Physiology (4 credit hours)			
<u>COMPASS SCORES</u>			
Reading (minimum score 81)			
Writing (minimum score 74)			
Math: Pre-Algebra (minimum score 61)			
Resident of Mid-Del area		Check: YES <input type="checkbox"/> NO <input type="checkbox"/>	

APPLICATION CHECKLIST

I have:	YES	NO
Submitted application for admission to Rose State College	<input type="checkbox"/>	<input type="checkbox"/>
Completed a Respiratory Therapist Program application	<input type="checkbox"/>	<input type="checkbox"/>
Included transcripts, "true copies" of transcripts and/or degree audit	<input type="checkbox"/>	<input type="checkbox"/>
Completed the hospital visitation and have included the signed documentation of such	<input type="checkbox"/>	<input type="checkbox"/>
Signed and dated the Statement of Acknowledgement	<input type="checkbox"/>	<input type="checkbox"/>
Attached any health care experience information	<input type="checkbox"/>	<input type="checkbox"/>
Included Compass scores for reading, writing, and pre-algebra	<input type="checkbox"/>	<input type="checkbox"/>
Completed the following science courses with a minimum grade of "C" OR am enrolled to take and complete the class during the current year Spring or Summer session		
CHEM 1114 – Introduction to Chemistry	<input type="checkbox"/>	<input type="checkbox"/>
HSBC 1004 – Human Anatomy or A&P I	<input type="checkbox"/>	<input type="checkbox"/>
LFSC 2424 – Human Physiology or A&P II	<input type="checkbox"/>	<input type="checkbox"/>
LFSC 2035 – Principals of Microbiology	<input type="checkbox"/>	<input type="checkbox"/>
<i>OR</i>		
HSBC 1224 – Introduction to Clinical Microbiology	<input type="checkbox"/>	<input type="checkbox"/>

Please return all completed materials to:

Rose State College
 Health Sciences Division
Room HSC 100B
 Diana Lovendino – Program Secretary
 6420 SE 15th Street
 Midwest City, OK 73110-2799

Respiratory Therapist Program Goals and Objectives

Goal: Upon completion of the program, the graduate will be a competent advanced-level respiratory therapist.

Objectives: Upon completion of the program students will demonstrate:

- ✓ professional behavior consistent with employer expectations as registered respiratory therapists
- ✓ the ability to comprehend, apply, and evaluate clinical information relevant to their roles as registered respiratory therapists
- ✓ the technical proficiency in all the skills necessary to fulfill their roles as registered respiratory therapists

Program Acceptance

Although the Respiratory Therapist Program cannot decline admission to academically qualified students, it is possible that a student will be denied permission to rotate at area hospitals for clinical training. Students who are denied permission to rotate through any clinical site, which provides any unique training that cannot be duplicated at another facility, will be denied further progress in the program. Clinical affiliates **will** require students to have an expanded background check. Students will be responsible for the cost of the background check, which is approximately \$47. Note: these background checks and drug tests may be required by potential employers.

Drug Testing

Prior to beginning a Health Sciences Division program, students who have been conditionally accepted to the program **will** be required to complete a NIDA (National Institute of Drug Abuse) Panel 10 drug test to screen for amphetamines, marijuana, cocaine, PCP and opiates, benzodiazepines, barbiturates, methadone, propoxyphene, and methaqualone. This drug testing is required by health care agencies serving as clinical education sites. A positive drug test result may prevent a student from completing the program clinical courses, and prevent admission to a program. The student will be responsible for the cost and completion of the drug test through a specified drug-testing laboratory. Cost of the test will be approximately \$25.00, but may be subject to change before the actual testing period. A letter will be mailed to conditionally accepted program students with information on the designated drug testing laboratory and the testing deadline. Drug testing results will be maintained at the College in strictest confidentiality, in a secure location.

After acceptance into the Program, the student must provide acceptable documentation of the following, **to be completed by July 15, 2012:**

1. Two (2) MMR vaccinations - If no immunization records are available, positive titers for mumps, rubella, and rubeola are required. If titers are not positive, vaccinations will be required.
2. Two (2) negative TB skin tests, given within the last 12-month period prior to beginning clinicals. Student must stay current during their entire clinical stay **OR Documented** Positive TB test with **documented** negative chest x-ray, an annual review of symptoms, and release for public contact from the Health Department. This must be within one (1) year of first clinical day. **If new positive TB test is taken**, you must have **documented** Positive TB test, **documented** negative chest x-ray and release for public contact statement from the Health Department. (Not the patient's Physician)
3. A history of chickenpox documented by primary care physician, OR varicella titer demonstrating immunity, OR two (2) Varicella vaccinations.
4. A signed declination, **OR** documentation of three shots of Hep B vaccine. The Hep B vaccine consists of three (3) shots over a six (6) month period. A positive Hep B titer will also be accepted.
5. Liability insurance: this is purchased at Rose State College at an estimated expense of \$15 for the calendar year. Payment is made as part of the fall semester enrollment fees.
6. Signed statement acknowledging responsibility for your health care (not covered under workman's compensation).
7. Current certification for the **American Heart Association** Healthcare Provider CPR course. The course must be taken between January 1 and July 15, 2013.

Rose State College
RESPIRATORY THERAPIST PROGRAM
STATEMENT of ACKNOWLEDGMENT

Physical and Mental Qualifications

The following minimal physical and mental qualifications are necessary to be considered for admission into and progression through the Rose State College Respiratory Therapist Program:

- a. The ability to lift/carry up to 40 pounds and the ability to push/pull up to 200 pounds.
- b. The ability to move around in clients' rooms and in work areas.
- c. The ability to stand/walk two-thirds of the time for the assigned shift (8 or 12 hours).
- d. Visual acuity sufficient to observe and assess client behavior, prepare and administer medications, and accurately read monitors.
- e. Auditory acuity sufficient to hear instructions, requests, and monitoring alarms, and to auscultate heart tones, breath sounds, and bowel sounds.
- f. The motor ability necessary to manipulate equipment and supplies and to utilize palpation and percussion in client assessment.
- g. The ability to speak, write, and comprehend the English language proficiently.
- h. The ability to communicate in a professional manner and establish rapport with clients and colleagues.
- i. The ability to think critically and use problem-solving skills.
- j. The ability to resolve conflicts appropriately and function effectively in stressful situations.

Rose State College will provide reasonable accommodations to persons with disabilities in order for students to have access to educational programs and services. Students with disabilities requiring accommodations should make the initial request for accommodation to the Counselor for Students with Disabilities in the Student Development area. See Rose State College Student Handbook for further details.

STATEMENT OF ACKNOWLEDGMENT

I understand that I must be able to meet the above physical and mental qualifications independently or with reasonable accommodation. I understand that I am responsible for communicating requests for accommodation to the Counselor for Students with Disabilities.

SIGNATURE

DATE

MANDATORY ORIENTATION SESSION DATE

Email your orientation confirmation to dlovendino@rose.edu. Include your full name and RSC ID number. Make sure you specify Respiratory Therapist Program. You will receive a return confirmation e-mail. This mandatory orientation starts at 3:00 pm and goes till 5:00 pm. You must be present during the entire time of the session. The session will be held in HSC Room 157.

CONFIDENTIALITY STATEMENT
RESPIRATORY THERAPIST PROGRAM
ROSE STATE COLLEGE

During the pre-program hospital visit, I understand that I will come in contact with confidential medical information on patients and events both written and spoken, financial information, employee personnel records and/or salary information, strategic business initiatives, quality improvement activities, or other information. I understand that I am committed to protect and safeguard from any unauthorized oral and written disclosure of this confidential information. Accordingly, as a condition of my affiliation and in consideration of my privilege to access confidential information, I agree to abide by the following:

- I will not access confidential information for which I have no legitimate need to know. Accessing information without a job related need is prohibited.
- I will not at any time during or after my hospital visit divulge, copy, release, sell, loan, review, alter or destroy any confidential information to any unauthorized person except as specifically authorized by the law, or hospital authorities.
- I understand that all policies on confidentiality apply equally to however the confidential information may be stored, i.e. computer, paper, microfilm, optical disc, etc.
- I understand that disclosing confidential information could result in damages being sought against myself and/or the facility. I agree to indemnify and hold the facilities harmless against any loss or liability (including costs and expenses of litigation) resulting from my unauthorized disclosure of confidential information.
- I understand that breach of confidentiality in the State of Oklahoma is a misdemeanor and punishable by a \$ 1,000. fine and/or imprisonment in the county jail for not more than 30 days.

I HAVE READ AND UNDERSTAND ALL OF THE ABOVE AGREEMENT AND PROMISE THAT I WILL ABIDE BY THE ABOVE TERMS AND WILL MAINTAIN CONFIDENTIAL INFORMATION AT ALL TIMES.

Date

Student's Name

The student will arrange the hospital visit at St. Anthony's Respiratory Care department in advance. Please call 405-272-7201 during the following times to schedule the visit: Monday – Friday 7:00 AM – 3:00 PM

Ask for the supervisor on-duty, or the secretary, and identify yourself as a Rose State Respiratory Therapist program applicant.

You must be properly dressed when you arrive for your visit or you will not be allowed in the patient care areas. Hospital scrubs are acceptable. If you do not have scrubs, business casual clothing such as khaki slacks and a nice shirt are acceptable. Be sure to wear comfortable shoes. Tennis shoes are acceptable. Jeans, t-shirts, sweatshirts, shorts, etc. are not permitted.

If you are unable to attend on the arranged date, please notify the supervisor and reschedule your visit.

At the completion of your visit, have this form signed and attach to your program application packet.

**ST. ANTHONY HOSPITAL
VISITATION FORM
ROSE STATE COLLEGE
RESPIRATORY THERAPIST PROGRAM**

This is to verify that _____ completed a hospital
visitation on _____ from _____ to _____.
(Date) (Time)

The visitation should last a *minimum* of 2 hours, and include a tour of the facilities and an example of the routine job responsibilities of the staff respiratory care practitioner.

(Director, Chief Therapist, or Supervisor)