



RESPIRATORY THERAPY APPLICATION CHECKLIST

Application Deadline: May 1

ADMISSION TO THE COLLEGE:

- Gain admission to Doña Ana Community College (application at end of packet) **NOTE:** Admission to Doña Ana Community College **does not** guarantee admission to the program.

PRIOR TO APPLYING TO THE PROGRAM:

- Complete pre-respiratory student advising with Program Director 575-527-7607 or Clinical Director of Education 575-527-7731
- Most current Degree Audit
- Complete all science prerequisite courses with a minimum GPA of 2.7 AND have a minimum cumulative GPA of 3.0

PROGRAM APPLICATION PACKET SHOULD INCLUDE:

- Respiratory Therapy Questionnaire
- Typed Resume outlining work experience and education
- Official Transcripts
- Completed and Signed Application
- Completed Letter of Intent
- Science and Cumulative GPA Worksheet
- Completed Immunization Record (included in packet)
- Personal Information

STUDENTS TRANSFERRING FROM OTHER RESPIRATORY THERAPY PROGRAMS:

Include ALL of the above AND a letter of recommendation from the Respiratory Therapy Program Director. You will also be required to prove competency in order to evaluate which level you will begin in our program.

Prior education and work experience will be evaluated on an individual basis for advanced placement.

The Respiratory Therapy Program begins only in the Fall semester of each year. Incomplete Applications will NOT be considered.

RESPIRATORY THERAPY SELECTION PROCESS

GRADE POINT AVERAGE (MAX 4 POINTS, 33.3%)

Student's cumulative grade point average at time of application, students are required to have a minimum of a 2.7 GPA to be considered for the program.

SCIENCE GPA (MAX 4 POINTS, 33.3%)

Calculation of student's GPA for the science prerequisite courses (Medical Terminology, Anatomy & Physiology I, Anatomy & Physiology II, and Chemistry). Students are required to have a minimum of a 2.7 science GPA to be considered for the program.

INTERVIEW PROCESS (MAX 4 POINTS, 33.3%)

Students being considered for admission to the Respiratory Therapy program will be required attend an interview with committee representing the program. Students will be contacted to schedule their interviews.

ADDITIONAL POINTS

DOCUMENTED COMMUNITY SERVICE (+1 POINT)

Students may submit documentation (e.g. signed letter from supervisor) of community service they have completed. Students will be awarded an additional point (above the 12 possible) for their service in the community.

MICROBIOLOGY (+1 POINT)

Although microbiology is a program requirement, students are not required to complete this course prior to admission to the Respiratory Therapy Program. Students who have successfully completed this course prior to application will be awarded an additional point (above the 12 possible).

RESPIRATORY THERAPY ADDITIONAL INFO

Students selected for the program will be notified no later than July 1, and will be required to attend a mandatory orientation over the summer where further details about the program will be given. In addition to all of the requirements for admission to the program, admitted students will also be required to complete the following:

- Tuberculin Skin Test or X Ray with a negative reading (to be read in November of your first semester) Hepatitis B should be getting started as soon as possible because it may take up to 8 months to complete.
- CPR Certification
- National Criminal Background Check
- 10-Panel Drug Screening

Details regarding when and where to have these requirements completed will be given to students upon admission. All of these requirements must be completed within the first semester of admittance to the program.

FEES ASSOCIATED WITH THE PROGRAM*:

Textbooks	\$500 - \$700
Background Check	\$80 (X2 Fall and Spring)
Drug Screen	\$40 (X2 Fall and Spring)
Course Fees	\$450.00
Data Arc	\$80
Classmate Resources	\$80
Scrubs	\$120 (estimated)
Lab Coat	\$30 (estimated)
Name Tag/Patch/ID	\$35
Stethoscope	\$30-50
NRP/PALS/ACLS Fees	\$75
Kettering National Seminar Fee	\$325
Exit Exams	\$150
Castle Branch	\$35 (Two year Access)
AARC Student Membership	\$25-\$70

*Note: These fees are estimates based on current pricing at time of printing. Fees are subject to change.

RESPIRATORY THERAPY GOALS

Goal: To prepare students as competent Registered Respiratory Therapy Practitioners (RRT)

Cognitive Domain: Upon successful completion of this program, the student will demonstrate the ability to recall, apply and analyze information relevant to his or her role as a Registry Eligible Respiratory Therapist.

Psychomotor Domain: Upon successful completion of this program, all students will demonstrate the technical skills necessary to function as a Registry Eligible Respiratory Therapist.

Affective Domain: Upon successful completion of this program, all students will demonstrate personal behaviors consistent with professional and employer expectations of a Registry Level Respiratory Therapist.

Keeping in line with the college's mission of providing educational opportunities to a diverse community of learners in support of workforce and economic development, the program aims to prepare all students to become Registered Respiratory Therapists. The success of the program in meeting this goal is directly related to the following communities of interest:

Community Residents who desire a career in Respiratory Therapy and expect a quality educational experience (current and prospective students)

Potential Employers of the program's graduates, including health care providers and institutions throughout the community

Respiratory Therapy Profession, which requires well trained practitioners

Patients and Clients that program graduates will be responsible for providing care to

Physicians who use the skills of Respiratory Therapists in providing care for their clients

RESPIRATORY THERAPY TECHNICAL STANDARDS

Qualified applicants are expected to meet all admission criteria as well as essential functions. Students requesting reasonable accommodations to meet these criteria must inform the Program Director in writing of the need for accommodations at the time of admission. The student is expected to file the appropriate forms to document the need for accommodation with the Services for Students with Disabilities Office, DAMA 117, 575-527-7548.

FUNCTIONAL ABILITY CATEGORY	REPRESENTATIVE ACTIVITY/ ATTRIBUTE	EXAMPLES
GROSS MOTOR SKILLS	<ul style="list-style-type: none"> • Move within confined spaces • Sit and maintain balance • Stand and maintain balance • Reach above shoulders • Reach below waist 	Function in an ICU environment: move about an ICU room in order to perform procedures on the patient. Must also read patient chart, equipment settings, and/or equipment displays. Sit to record findings. Change equipment settings above head and below waist, plug electrical appliances into wall outlets.
FINE MOTOR SKILLS	<ul style="list-style-type: none"> • Pick up objects with hands • Grasp small objects with hands • Write with pen or pencil • Key/type • Pinch/pick or otherwise work with fingers • Twist • Squeeze with finger 	Lift medication vials to eyes to read. Squeeze medication vials to empty. Squeeze Ballard suction catheter button. Grasp hold and read small instruments such as volume measuring devices. Write in patient chart. Record patient data in record. Change settings on equipment by turning knob and observing change.
PHYSICAL ENDURANCE	<ul style="list-style-type: none"> • Stand in place for prolonged periods • Sustain repetitive movements • Maintain physical tolerance for 8 or 12 hour periods • Ability to perform activities day, afternoon, evening and night 	Stand and perform repetitive procedures on patients such as Chest Physical Therapy and CPR. Repeat this procedure periodically throughout an 8-hour shift.
SMELL	<ul style="list-style-type: none"> • Detect odors from patients • Detect smoke • Detect gases or noxious smells 	Assess for noxious odors originating from the patient or environment (gas leak or smoke).
PHYSICAL STRENGTH	<ul style="list-style-type: none"> • Push and pull 25 pounds • Support 25 pounds • Lift 25 pounds • Carry equipment/supplies • Use upper body strength • Squeeze with hands 	Assist patient from bed to chair. Hoist patient up in bed. Move patient from stretcher to bed and back. Carry medications, pulse oximeter, stethoscope or other equipment to patient room. Push ventilator or other heavy equipment to patient room. Push ventilator or other heavy equipment from respiratory care department to patient room. Move other equipment such as Pulse Oximeter, IPPB, IPV machine. Lift equipment from bed height to shelf height above chest level.

FUNCTIONAL ABILITY CATEGORY	REPRESENTATIVE ACTIVITY/ ATTRIBUTE	EXAMPLES
MOBILITY	<ul style="list-style-type: none"> • Twist • Bend • Stoop/squat • Move quickly • Climb • Walk 	<p>Turn to change settings on monitor while standing at patient bedside. Bend to change equipment settings on floor, at knee level, waist level, chest level, eye level, and above head. Gather equipment and manually resuscitate patient without delay. Make rapid adjustments if needed to ensure patient safety. Make way to patient room if an emergency is called using stairs.</p>
HEARING	<ul style="list-style-type: none"> • Hear normal speaking level sounds • Hear faint voices • Hear faint body sounds • Hear in situation when not able to see lips • Hear auditory Alarms 	<p>Listen to patient breath sounds to determine if patient is breathing. Listen to heart sounds to determine if heart is beating. Determine the intensity and quality of patient breath sounds in order to help determine a diagnosis. Hear audible alarms such as a ventilator alarm. Hear overhead pages to call for emergency assistance.</p>
VISUAL	<ul style="list-style-type: none"> • See objects up to 20 inches away • See objects up to 20 feet away • Use depth perception • Use peripheral vision • Distinguish color • Distinguish color intensity 	<p>Read patient chart to determine correct therapy. Visually assess patient color to assess for hypoxia. Read settings on monitors and other equipment. Visually assess for changes. Confirm settings visually such as with ventilator display.</p>
TACTILE	<ul style="list-style-type: none"> • Feel vibrations • Detect temperature • Feel differences in surface characteristics • Feel differences in sizes/shapes • Detect environmental temperature 	<p>Assess patient by feeling for patient pulse, temperature, tactile fremitus, edema, and subcutaneous emphysema.</p>

FUNCTIONAL ABILITY CATEGORY	REPRESENTATIVE ACTIVITY/ ATTRIBUTE	EXAMPLES
EMOTIONAL STABILITY	<ul style="list-style-type: none"> • Establish appropriate emotional boundaries • Provide emotional support to others • Adapt to changing environment/stress • Deal with the unexpected • Focus attention on task • Monitor own emotions • Perform multiple responsibilities concurrently • Handle strong emotions 	<p>Provide for safe patient care despite a rapidly changing and intensely emotional environment. Perform multiple tasks concurrently, example: delivery of medication or oxygen in one room while performing an arterial blood gas in another such as in an emergency room environment. Maintain enough composure to provide for safe and effective patient care despite crisis circumstances.</p>
ANALYTICAL THINKING	<ul style="list-style-type: none"> • Transfer knowledge from one situation to another • Process information • Evaluate outcomes • Problem solve • Prioritize tasks • Use long-term memory • Use short-term memory 	<p>Evaluate different sources of diagnostic information to help arrive at a patient diagnosis. Evaluate priorities in order to provide for the most appropriate care. Appropriately evaluate data in order to notify physician and nursing when necessary.</p>
CRITICAL THINKING	<ul style="list-style-type: none"> • Identify cause/effect relationships • Plan/control activities for others • Synthesize knowledge and skills • Sequence information 	<p>Evaluate different sources of diagnostic information to help arrive at a patient diagnosis and treatment. Evaluate data in order to formulate an appropriate action plan.</p>
INTERPERSONAL SKILLS	<ul style="list-style-type: none"> • Negotiate interpersonal conflict • Respect differences in patients, fellow students, and members of the healthcare team • Establish rapport with patients, fellow students, and members of the healthcare team 	<p>Communicate effectively with disagreeable patients, family doctors, and nurses and other staff in order to attempt to meet therapeutic goals for the patient.</p>
COMMUNICATION SKILLS	<ul style="list-style-type: none"> • Teach • Explain procedures • Give oral reports • Interact with others • Speak on the telephone • Influence people • Convey information through writing 	<p>Communicate effectively and appropriately with doctors, nurses, patients, family, and other staff in order to provide for most effective and efficient patient care.</p>



DOÑA ANA COMMUNITY COLLEGE
RESPIRATORY THERAPY PROGRAM APPLICATION

Please type or write legibly

DATE OF APPLICATION: _____

PERSONAL INFORMATION

NAME: _____
Last First Middle Initial

Date of Birth: _____ SSN: _____

DACC ID# _____

ADDRESS: _____
Street Apt. #

_____ City State Zip

Phone Number: _____ E-mail Address: _____
(Area Code) Phone Number

EMERGENCY CONTACT INFORMATION:

NAME: _____ [_____]
Last First Middle (Relationship to student)

ADDRESS: _____
Street Apt. #

_____ [_____]
City State Zip (Area Code) Phone Number

**Mid- Term Grade Signature Sheet
For
Doña Ana Community College Respiratory Therapy Program Application**

APPLICANT'S NAME: _____

DATE: _____

COURSE TITLE & NUMBER: _____

INSTITUTION: _____

NAME OF FACULTY PERSON FOR THE COURSE: _____

MID-TERM GRADE: _____ *(Print Star Report include in the application packet)*

I certify that the grade entered above is a true reflection of the student's achievement in the class at approximately the mid-term of the semester/quarter. I understand that this information is part of the formal Dona Ana Community College Respiratory Therapy Program selection process for entry into the program. It will be used to help select the most qualified candidate.

I also understand that the student must complete the course with at least a "C" grade or better for the course to be eligible for consideration in meeting the requirements for entry into the Respiratory Therapy Program.

Additional Comments:

Signature: _____

Date: _____



RESPIRATORY THERAPY APPLICATION

The Respiratory Therapy Program is accredited by:

Commission on Accreditation for Respiratory Care
1248 Harwood Rd., Bedford, TX 76021
(817) 283-2835
<http://www.coarc.com>

Doña Ana Community College does not discriminate on the basis of race, color, creed, national origin, religion, age, gender, sexual orientation, political affiliation, or physical disability.

PLEASE PRINT OR TYPE
Completed applications are due no later than **May 1**.

Name in Full: _____
Last First Middle

Home Address: _____
Number & Street County City State Zip

Home Phone: _____ Alternate Phone: _____

Social Security No.: ____ - ____ - ____ NMSU Banner Number _____

E-mail Address: _____ Date of Birth: _____

Residency: State of Legal Residence: _____

If a resident of New Mexico, County of Legal Residence _____

Provide information concerning all college, university, vocational schools and/or allied health schools attended. List all vocational programs and certifications, including military, which relate to health care. Use additional pages if necessary. Academic regulations require that students who have registered at other colleges or universities may not disregard their records at such institutions when making application for admission to credit programs in this college. Students concealing attendance at another college or university and not submitting a transcript from that college or university will be subject to suspension.

Name of Institution	City & State	Number of Credits Earned

Are you eligible to return to the last college or university attended? _____

Have you been awarded one or more university degrees or vocational/technical certificates? _____

Degree/Certificate	Year	Granting Institution

List other names used in previous enrollments at this or other institutions of higher education: _____

I hereby certify that the information contained in this application is true and complete to the best of my knowledge, and I have completed all the steps in the application process. I understand that any misrepresentation or falsification of information is cause for denial of admission or expulsion from the College. I understand that the information contained in this application will be read by the faculty and staff of DACC, as is appropriate.

I acknowledge my responsibility for understanding and complying with the following information:

Initials:

- _____ Withholding or falsifying the requested information, documentation of academic dishonesty, or failure to provide the required documents will make me ineligible for admission to the program
- _____ Filing this form does not guarantee acceptance into the program.
- _____ This application is only valid for consideration for the current year Respiratory Therapy cohort.
- _____ Admittance to the program is provisional until a drug screening is completed.
- _____ Admittance to the program is provisional until a criminal background check is completed and I am cleared for full admittance. Examples of disqualifying convictions are: homicide, trafficking in controlled substances, kidnapping, false imprisonment, aggravated assault, or aggravated battery, rape, criminal sexual penetration; criminal sexual contact, incest, indecent exposure, or other related felony sexual offenses. Crimes involving child abuse or neglect, crimes involving robbery, larceny, extortion, burglary, fraud, forgery, embezzlement, credit card fraud, or receiving stolen property; or an attempt, solicitation, or conspiracy involving any of the felonies in this subsection.

I acknowledge my responsibility for understanding the following information about submission of my application:

1. The deadline for submission of my application is **May 1 before 5:00 pm.**
2. All required information must be submitted at the same time.

Signature of Applicant

Date

Part I: Please respond to questions 1-5, in terms of the respiratory therapy program, on a separate sheet (not more than two pages total for all 5 questions).

1. Why do you want to enter the profession of respiratory therapy?
2. What experience in school or through work have you had that will help you as a respiratory therapist?
3. Describe previous and/or current volunteer experiences.
4. Is there anything in your academic record that needs explaining, i.e., incomplete, withdrawals, poor grades, etc.?
5. Why should you be accepted to the respiratory therapy program?

Part II:

1. Please note, if applicable, college course enrollment for spring and summer semester.
2. Present any additional information that you feel the admissions committee should be aware of.

Part III:

A letter of intent must be attached with the following.



NMSU | DOÑA ANA COMMUNITY COLLEGE
RESPIRATORY THERAPY GPA WORKSHEET

SCIENCE GPA

NAME:		BANNER NUMBER:		
COURSE		CREDITS	GRADE	GRADE POINTS A=4, B=3, C=2
BIOL 225	ANATOMY & PHYSIOLOGY I	4		
BIOL 226	ANATOMY & PHYSIOLOGY II	4		
AHS 120	MEDICAL TERMINOLOGY	3		
CHEM 110G	CHEMISTRY	4		
BIOL 221 & 221L	MICROBIOLOGY			
TOTALS		15		Total Grade Points /15 =

**Cumulative GPA is your MOST RECENT GPA.
 Attach a current copy of your unofficial transcript for verification.**

My Cumulative GPA is: _____

My Science GPA is: _____



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RESPIRATORY THERAPY GPA WORKSHEET

GENERAL EDUCATION GPA

NAME:		BANNER NUMBER:		
COURSE		CREDITS	GRADE	GRADE POINTS A=4, B=3, C=2
RHETORIC & COMPOSITION ENGL 111G		3		
COMPUTER LITERACY CS 110G		3		
HUMAN RELATION BMGT 240, COMM 265G, PSY 201G , or SOC 101G		3		
MEDICAL TERMINOLOGY AHS 120		3		
MATH Math 120		3		Total Grade Points /12 =
TOTALS		15		

Cumulative GPA is your MOST RECENT GPA.
Attach a current copy of your unofficial transcript for verification.

My Cumulative GPA is: _____

My Science GPA is: _____

Respiratory Therapy Program
Immunizations and Tests
 Required by State Law/Clinical Facilities

Name: _____ Date of Birth _____

MMR must show proof of:	
A. Two doses of MMR vaccine administered 4-8 weeks apart OR	Date #1 _____ (mm/dd/yy)
	Date #2 _____ (mm/dd/yy)
B. Serologic test positive for MMR antibody OR **See note.	Date _____ (mm/dd/yy)
	Results _____

*Combined MMR Vaccine is vaccine of choice if recipients are likely to be susceptible.
 **Must be the date of diagnosis or test collection; not when primary care provider signed immunization form.

Varicella must show proof of:	
A. Two doses of Varicella vaccine administered 4-8 weeks apart OR	Date #1 _____ Date #2 _____ (mm/dd/yy) (mm/dd/yy)
	Date _____ Results _____ (mm/dd/yy)
B. Serologic test positive for Varicella antibody OR **See note.	Date _____ Results _____ (mm/dd/yy)

Tetanus-Diphtheria-Pertussis (Tdap): One dose within past 10 years at the time of application	Date _____ (mm/dd/yy)
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Hepatitis B must show proof of:	
A. Three doses of vaccine administered over a period of 4-6 months. Initial vaccine followed by 1 and 4-6 months vaccines respectively <u>AND</u>	Date #1 _____ (mm/dd/yy)
	Date #2 _____ (mm/dd/yy)
	Date #3 _____ (mm/dd/yy)
B. Serologic test positive for MMR antibody OR **See note.	Date _____ (mm/dd/yy)
	Results _____

Physician or Approved Licensed Health Professional Information:	
Printed Name _____	
Address _____	
Signature of Primary Care Provider** _____	Date _____

** Validates all information above.