

**Admissions Health Science Timeline for 2019 Fall Enrollment**

**Program:** Associate Degree Respiratory Therapy (AAS)

- |                 |   |
|-----------------|---|
| <b>March 04</b> | <b>Early Admission<br/>Completed Checklist and Supporting Documentation Deadline<br/>(Submitted to the Admissions Office)</b>   |
| <b>May 15</b>   | <b>General Admission<br/>Completed Checklist and Supporting Documentation Deadline<br/>(Submitted to the Admissions Office)</b> |
| <b>May 29</b>   | <b>Program Director Notification to Applicants of Status (by mail)</b>  |

**Note:**

Each applicant is responsible for following the stated timeline outlined above and for the submission of all required documents to the Admissions Office.

Students that will complete prerequisites by the summer semester of enrollment year are encouraged to apply by General Admission date of April 8<sup>th</sup>. Application will not be considered for review until final grades are posted and student provides unofficial transcript of course completion.

Applicants completing the Health Science Admissions process after the established timeline will be considered based on space availability.

Students are expected to attend a Respiratory Therapy Program Information Session. Applicants will earn 2 points for the application packet by submitting a signed certificate of participation.

**Information Session Fall 2018:**

**September 12, 2018  
November 14, 2018**

**Information Session Spring 2019:**

**January 24, 2019  
March 07, 2019**

*All Information Sessions will be held in the Health Science Bldg. (17) Rm 1751A at 3pm.*

**Robeson Community College  
Fall 2018 Admission Checklist**

**Respiratory Therapy**

Name: \_\_\_\_\_

College Id#: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Telephone Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_

**Checklist Overview and Directions**

**NOTE:** Students must have a 2.5 or greater grade point average (GPA) in program general education/related courses at the time of checklist submission to Admissions in order to be considered for health science program admission. Students will be required to obtain a letter grade of “B” or greater in BIO 168 **or** CHM 131. For Respiratory Therapy, the GPA will be based upon grades earned in BIO 168, BIO 169, CHM 131 & 131A, ENG 111, ENG 112, MAT 110, PSY 150, Humanities/Fine Arts elective. The Respiratory Therapy faculty will not review if the GPA is less than 2.5 in Respiratory Therapy general education/related courses.

Students may earn points for admission based upon final course grades in HSC 110 and MED 120; however, these courses **are not** considered in the calculation of GPA for admission.

**Please place a check mark beside each item as they are completed. All items identified on the checklist must be completed prior to submitting checklist to the Admissions Office.**

- \_\_\_\_\_ 1. Completed RCC Admissions Application.
- \_\_\_\_\_ 2. Requested official high school and college transcripts.
- \_\_\_\_\_ 3. Completed college transfer courses in English (ENG 111 Writing and Inquiry) and Mathematics (MAT 110) **or** an equivalent college transfer English and mathematics course and earned a “C” or higher.
- \_\_\_\_\_ 4. Have requested that three references be submitted to the Office of Admissions on forms provided.
- \_\_\_\_\_ 5. Have completed information requested on the attached Health Science Admissions Ranking Information Form.
- \_\_\_\_\_ 6. Students must complete a self-guided job shadowing at a local clinical affiliate and submit Self-Guided Job Shadow verification form with Respiratory Therapy Admission Checklist.

With the completion of items 1 – 6 proceed to the Admissions Office to submit checklist and supporting documentation. All documentation must be received by April 8<sup>th</sup> of the planned enrollment year. If there are vacancies in the program after the selection process is complete, applicants who applied by the deadline date and who will successfully complete the minimum admission requirements by the end of summer semester may be considered for selection.

I certify that the attached application related items are correct and accurate. I understand that the falsification of any information or documentation will result in the revocation of this application.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**For Office Use:**

Date Received \_\_\_\_\_ Date \_\_\_\_\_

## Health Science Admissions Ranking Information

### Part I Participation in Program Information Session

For Part I, applicants must submit a *signed certificate of participation* in a Respiratory Therapy program information session. The program director, program faculty or designee will provide a signature that denotes the applicant's attendance in a program information session. Applicants must provide a copy of the certificate of participation in the application packet.

- Signed certificate of participation – 2 points

### Part II Academic Performance

For Part II, applicants will either complete the **High School Educational Experience section** or the **College Educational Experience and College Science Course sections**.

#### High School Educational Experience

High School information will be used only for applicants that have not completed a minimum of nine semester hours of college credit. Only high school courses identified below will be considered. Points will be awarded in the following manner:

- Highest Level Science Course: A – 12 points, B – 8 points, C – 4 points
- United States History, Senior English, Highest Level Mathematics, Computer Skills:  
A – 6 points, B – 4 points, 2 points

Course	Course Name	High School Name	Grade
Senior English	_____	_____	_____
United States History	_____	_____	_____
Highest Level Math Completed	_____	_____	_____
Highest Level Science Completed	_____	_____	_____

*After completing this section, go to Part IV.*

**Robeson Community College  
Fall 2018 Admission Checklist**

**Respiratory Therapy**

**College Educational Experience**

**Pre-Health Courses**

Only courses identified below will be considered. Points will be awarded in the following manner for each course: A – 2 points; B – 1 points. Identify course (s) completed.

<b>Course Prefix</b>	<b>College Name</b>	<b>Grade</b>	<b>Semester/Year Completed</b>
HSC 110	_____	_____	_____
MED 120	_____	_____	_____

**General/Related General Education Courses**

Only courses identified below will be considered. Points will be awarded in the following manner for each course: A – 6 points; B – 4 points; C- 2 points. Identify course(s) completed. Equivalent courses (based on transfer eligibility) will be considered. Courses listed must meet applicable credit by transfer requirements.

<b>Course Prefix</b>	<b>College Name</b>	<b>Grade</b>	<b>Semester/Year Completed</b>
ENG 111	_____	_____	_____
ENG 112	_____	_____	_____
MAT 110	_____	_____	_____
PSY 150	_____	_____	_____
Humanities/Fine Art Elective	_____	_____	_____

**College Science Courses (Biology)**

A maximum of three courses will be considered. Most recent science courses completed will be considered. Courses listed must meet applicable credit by transfer requirements. Points will be awarded in the following manner for each course: A – 12 points; B – 8 points; C – 4 points. Students will be required to obtain a letter grade of “B” or greater in BIO 168 or CHM 131. Identify college science course(s) completed:

<b>Course Prefix</b>	<b>College Name</b>	<b>Grade</b>	<b>Semester/Year Completed</b>
BIO 168 Human A & P I	_____	_____	_____
BIO 169 Human A & P II	_____	_____	_____
CHM 131	_____	_____	_____
CHM 131A	_____	_____	_____

*It is the applicant’s responsibility to make sure that the official transcript(s) verifying the courses listed above are on file with the Admissions Office and unofficial transcript copies of high school and college are attached to this form.*

**Part III Completion of Academic Degrees/Programs**

Applicants will be awarded points for completion of previous academic programs. Applicants will receive points for only the highest degree/program completed. Documentation must be provided to validate successful completion.

	<b>Date Earned</b>	<b>Major Name</b>	<b>College</b>	<b>Points</b>
Masters	_____	_____	_____	8
Bachelor	_____	_____	_____	6
Associate	_____	_____	_____	4
Diploma	_____	_____	_____	2
Certificate	_____	_____	_____	1

**Note: Submit completed packet and supporting documents to the RCC Admissions Office in Building 13 by May 08, 2019.**

**Part IV References**

Each applicant must submit three references on forms provided by the Admissions Office. The only references that will be awarded points are **high school teachers, college faculty and employers**. A maximum of 1 point will be awarded for each reference (total of 3 points). Completed rating forms should be submitted (in sealed envelopes) with all other admissions materials.

**Part V Provisional Acceptance**

A point selection process will be used to rank applicants for provisional acceptance into the program. Only applicants who have completed all the admissions requirements/criteria will be ranked for review. Particular consideration will be given to those applicants who have successfully completed the general /related education courses for the program or appropriate high school courses. Completed application packets will be reviewed by the health science program director for consideration.

Robeson Community College health science faculty will review the achievement potential of each applicant. During the candidate review process, faculty will examine previous academic records and pre-entrance examination scores to determine congruence with curriculum academic demands and program expectations.

**Provisional Acceptance**

Applicants offered provisional acceptance based on fulfillment of all admission requirements/criteria by the specified deadline. Applicants provisionally accepted into the Respiratory Therapy program will be required to attend a “*Provisional Acceptance Meeting*” in June. This meeting will be hosted by program faculty and staff and is designed to provide applicants with additional program requirements.

Prior to receiving full acceptance and/or enrolling in the first Respiratory Therapy (RCP) course, all Applicants Provisionally accepted **MUST** complete and/or provide documentation of the following:

1. Medical Review/Screen, which includes but not limited to:
  - a. (2) Separate PPDs: Proof of Negative Tuberculin (Tb) skin testing or follow-up chest X-ray within 3 months of enrollment.
  - b. Immunizations
    - Tdap, tetanus vaccines, Hepatitis B series, MMR, Rubella, Varicella series or positive titer (required)
    - Influenza, although not required but strongly recommended and/or required by clinical affiliate
2. Criminal Background Check and Drug Screen: Clinical agencies require a criminal background check and 12 panel urine drug screen prior to clinical experiences or rotations. This testing is scheduled by the College once students have been provisionally accepted.

**NOTE:** (1) If results of a criminal background check, national sex offender registry and panel urine drug screen prevents a student from participating in a clinical rotation at any agency, then the student will not be able to fulfill the clinical requirements for the program, and subsequently will not be allowed to complete the Respiratory Therapy program. (2) Fees associated with the criminal background check and drug screen will be the responsibility of the student.

3. Healthcare-Providers CPR: Prospective students must submit documentation of current CPR certification (including infant, child and adult certification) from the American Heart Association BLS Healthcare Providers Course.
4. Attendance at a Mandatory Respiratory Therapy Orientation (To be Scheduled)
5. Provisionally accepted students previously enrolled in any other respiratory therapy programs must submit a letter from the program director.

**Robeson Community College  
Respiratory Therapy Program  
Self-Guided Job Shadowing Verification Form**

Student Name: \_\_\_\_\_

Clinical Site: \_\_\_\_\_

Date of Shadowing: \_\_\_\_\_ Hours: 8

<p><b>Date:</b> _____</p> <p>Time In: _____</p> <p>Time Out: _____</p> <p>Student Signature: _____</p> <p>Therapist Signature: _____</p>
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**I understand that as a prospective student of the Robeson Community College Respiratory Therapy Program, I am allowed to shadow a respiratory therapist, in a school affiliated clinical site, while they are performing their job duties. I also understand that I must hold all medical and/or financial information in confidence, and any violation of the confidentiality of the information may result in failure to complete the admission process.**

\*\*\* Please return this form with your Respiratory Therapy Admission Checklist as evidence of completion. \*\*\*