

PUEBLO COMMUNITY COLLEGE
RESPIRATORY CARE PROGRAM
APPLICATION

RETURN APPLICATIONS

Respiratory Care Program
Pueblo Community College
900 West Orman Ave.
Pueblo, CO 81004 (719) 549-3266

PROGRAM DESCRIPTION

Respiratory care is a health field that administers supportive care to patients with deficiencies or abnormalities of the cardiopulmonary system. The respiratory care practitioner sets up, maintains, and monitors the patient's physiologic response to supportive actions. Patients may receive supportive care in terms of mechanical ventilation, therapeutic gas administration, and environmental control systems, bronchial hygiene, or airway pressure therapy.

The Respiratory Care Program of Pueblo Community College offers the student an Associate of Applied Science degree in Respiratory Care. The program is accredited by the Committee on Accreditation for Respiratory Care. All Graduates shall be eligible to take the Registry Examination offered by the National Board for Respiratory Care.

The program curriculum is designed to assist students not only in scientific and intellectual growth, but attempts to provide adequate professional preparation to deal with national board exams and career demands. Educational experiences within the program consist of classroom courses, online courses, hybrid courses, labs and extensive clinical rotations. Clinical rotations are primarily carried out throughout the State of Colorado. Students attending the program through Pueblo attend clinical sites in Pueblo and Colorado Springs.

The program is demanding. All applicants must be self-motivated and possess stamina. Instruction is highly individualized and developmental. Performance standards are exacting. Due to the demands and performance standards it is **strongly recommended** that students not work more than 20 hours a week.

Admission Requirements (Please read carefully)

The Committee on Accreditation of Respiratory Care describes the professional respiratory therapist as one who can apply scientific knowledge and theory to practical clinical problems of respiratory care. Such a standard clearly implies that all candidates for acceptance must possess the basic skills necessary for the rational and judicious application of respiratory care.

The Respiratory Care student will be challenged with various personal and professional responsibilities and therefore should possess the highest level of integrity, dependability, self-motivation, stamina and emotional maturity. The student should also possess good communication skills, reasonable health and a strong solid science background.

Applicants should, at the time of application, have at a minimum of four of the seven general education requirements for the program completed, or show proof they are in the process of completing the requirements. **Human Anatomy and Physiology I, Bio 201 or equivalent, must be one of the four general education requirements completed or in the process of being completed.** The seven general education requirements for the program are: English Composition- Eng 121 or equivalent, Career Math- Mat 107 or any College level math, psychology, either PSY 235 or 101 or equivalent., Human Anatomy and Physiology I Bio 201 or equivalent, Chemistry I, Che 105 or 101 or equivalent, Microbiology Bio 204 or equivalent, and Medical Terminology HPR 178 or equivalent. If an applicant is planning on completing any of the minimal requirements during the summer semester, it is the applicant's responsibility to state this in writing, and show proof they are enrolled in the courses, and attach this information to the application. However, it is important to understand a point system is used to determine which applicants will be accepted in the program. The point system is based on the following:

- Number of pre-requisites completed
- GPA (must be greater than 2.5)
- Entrance Examination (basic math and aptitude)
- Interview process

All applicants must possess computer skills. The respiratory program utilizes technology in the program, and all students will be required to have access to a computer and appropriate Internet access. If a student does not have appropriate computer skills it is highly recommended that students complete the CIS 110, Computer Applications Course or higher before entering into the program.

Application Deadline will be April 15th of each year. Incomplete applications will **NOT** be processed.

Once an applicant has been accepted into the Respiratory Care program the student will be required to attend an all day orientation that will be held prior to the first day of class. Students will be notified of this date. **This will be a mandatory requirement.**

Application Requirements—*Please read carefully*, failure to complete the application as indicated below will result in the application being denied.

In order to qualify for admission into the RCA program, each applicant must submit the following:

PART I.

1. Application for **Admissions to Pueblo Community College (PCC)**, which meets all college admission requirements. At the acceptance to the college you will receive a student # that will begin with an “S”. You must have this number in order to make application to the program. The application for admission to PCC is **not the application to the program**, but for admission requirements for the college. This must be completed prior to making application to the program. You may complete the application for admission on-line by visiting the PCC Website: www.pueblocc.edu or you may obtain an application through the Pueblo Community College Admissions department. Please mail directly to the Admissions Office.
2. **Official Transcripts:** If you received any or all of your previous credits from another institution then you must request the institution to send official transcripts to the **Records Dept.** at Pueblo Community College. **All official transcripts are to be posted in the Records Dept. of Pueblo Community by July 1st. DO NOT SEND OFFICIAL TRANSCRIPTS TO THE RESPIRATORY CARE DEPT. Students who do not have official transcripts on file by July 1st , and are accepted into the program will lose their place in the program.** Also, if the applicant takes additional required general education courses at another institution, while enrolled in the program, it is his/her responsibility that all updated transcripts be submitted to the records department on regular intervals reflecting that these courses have been completed. Please note that the admission dept. does not accept student copies, or hand carried copies of transcripts.
3. **The Respiratory Care Application must be filled out completely. Failure to completely fill out the required information, or submit copies of required documentation, will result in the application being denied. The following steps must be completed when application is submitted:**
 - a. Complete RCA application.
 - b. **Unofficial transcripts** must be accompanying the application, **even if you attended Pueblo Community College**, which reflects the pre-requisites taken and grades posted.
 - c. Three (3) forms of recommendation must be completed on the required **forms attached**. Please inform those individuals whom you have chosen to recommend you to the program that separate letters of recommendation may be attached to the recommendation form, **but will not be accepted separately**. Recommendations may come from instructors, employers, or **non-related** acquaintances. Applicants are required to complete the top portion of these forms consenting to confidentiality before giving the recommendation forms to the recommender. **Recommendations may be mailed directly to the RCA program from the individuals giving the recommendation or you may enclose the recommendations with the application in a sealed envelope with the signature of the reference source across the sealed flap. Recommendations not received in a sealed envelope will not be accepted, and will result in the application being denied.**
 - d. The immunization form attached must be completed by a Doctor, Physicians Assistant, or Nurse Practitioner. **We will not accept copies of your immunization cards.** If you have never had a Tuberculin Skin Test, or one within the last two years, you must show proof that you completed the **TWO STEP MANTOUX TUBERCULIN SKIN TEST.** Individuals who have never had a Hepatitis B vaccine must have at least the 1st immunization completed when the application is submitted, and show proof that the other two have been completed by January. Students, who are currently enrolled at PCC, may make an appointment at the PCC health clinic, and ask Dr. Arguello to complete the form. (Make sure you bring your shot records). The health clinic can also administer the TB tuberculin skin test, the Hepatitis vaccination, and complete any titers needed on immunizations, at a considerably lower cost than the health department or private physician.
 - e. Attach a copy of a Health Providers CPR card if you currently hold this certificate. If you have not completed a Health Provider CPR course, you will be required to take a CPR course either at PCC or through an accredited agency. If you do not currently hold a Health Providers CPR card then please sign the attached

acknowledgement form indicating that you will be taking the course. **ALL STUDENTS WILL BE REQUIRED TO COMPLETE A CPR COURSE BEFORE BEGINNING THE PROGRAM IN THE FALL SEMESTER.**

- f. Complete the technology statement in regards to access to computers and Internet.
- g. Read the Essential Functions form and attach the acknowledgement form to the application.

Once you have completed this portion of the application submit this information to the Respiratory Care Program. This information must be submitted by April 15– 5:00 p.m. If your application is complete, and you show proof that you meet the minimum requirements, you will be contacted to schedule an appointment to take the entrance exam and interview.

Only 25 students will be accepted into the program. Each applicant will be notified in writing if they have been chosen for admission to the program. Once you are chosen you will be given a conditional acceptance and asked to participate in a drug screen and background check. The conditional acceptance will be contingent on an acceptable drug screen and background check. If your drug screen and background checks are reported as acceptable you will be given a full acceptance to the program. .

It is the student's responsibility to inform the Respiratory Care Program Director of any phone or address changes throughout the application process.

Please contact the RCA office at 719-549-3489 or 549-3266 for further assistance.

Delia Ann Lechtenberg, MA, R.R.T., Dept. Chair, Respiratory Care

REMINDER

Due to the possibility of a processing delay or even losing a respiratory application, it is very important that this application be sent directly to the Respiratory Care Program. Do not send the respiratory application to the Admission Office.

The Admissions Office must receive only following material listed in # 1 & 2. Do not send this to the Respiratory Care Program.

- | | <u>Yes</u> | <u>No</u> |
|--|------------|-----------|
| 1. Application for Admissions to Pueblo Community College – sent directly to the admissions office at PCC. | — | — |
| 2. <u>Official Transcripts</u> from previously attended institutions of higher education | — | — |

The Respiratory Care program is to receive the following material listed in 3- 9. Do not send this to admissions:

- | | | |
|--|---|---|
| 3. Completed RCA application. | — | — |
| 4. Completed immunization form of immunizations
(no immunization cards- see above) | — | — |
| 5. Unofficial transcripts | — | — |
| 6. Three (3) forms of recommendation (these may be mailed separately) | — | — |
| 7. Acknowledgement of Essential Functions form. | — | — |
| 8. Acknowledgment of Technology requirements | — | — |
| 9. Copy of CPR or Acknowledgment form signed | — | — |

REMEMBER

The respiratory care application is sent to the Respiratory Care Program.

**Respiratory Care Program
Pueblo Community College
900 West Orman Ave
Pueblo, CO 81004**

**PUEBLO COMMUNITY COLLEGE
RESPIRATORY CARE PROGRAM
APPLICATION FORM**

Date: _____ Student ID # _____ (this must be your student number, not your ssn#. If you do not know your S# contact admissions)

Telephone: Home _____ Work _____ Cell _____

Legal Name: _____
Last First Middle (Maiden)

Permanent Address: _____
Street City State Zip

Address to which admissions materials should be sent:

Street City State Zip

Birthdate: _____

Email: _____

Do you have a: High School Diploma? Yes ___ No ___ Date of Graduation _____

Name and location of High School _____

Do you have a: GED Certificate? Yes ___ No ___ Date of GED: _____

Name and location/State GED Awarded: _____

Associate Degree? Yes ___ No ___ If yes, type: _____
BA/BS Degree? Yes ___ No ___ If yes, what area: _____

Work experience: List work experience in last two years

Do you possess any serious physical limitations that would require special attention? Yes____ No____

If yes please briefly explain (you may attach separate documentation if necessary):

If you have been convicted of a felony or misdemeanors that include child abuse, assault, or for the possession, distribution or use of a controlled substance; or if you now or ever have been addicted to or dependent upon controlled substances or other habit forming substances or alcoholic beverages, you may not be eligible for admission to the program.

Have you applied to other programs at PCC? _____ No _____ Yes.

If you marked yes, explain why you are applied to another program other than Respiratory Care.

Which program is your first choice? _____

I hereby certify that to the best of my knowledge the information furnished is true and complete without evasion or misrepresentation. I understand that if it is found to be otherwise, it is sufficient cause for rejection or dismissal. Further, I have read the requirements for program admission and if selected, I accept full academic and financial responsibility for enrollment within the program.

Date

Signature

Please return this form to:

Pueblo Community College
Health Professions Division
Respiratory Care Program
900 W. Orman Avenue
Pueblo, CO 81004
Telephone: 1-719-549-3489, 549-3266, Fax: 1-719-549-3147

**PUEBLO COMMUNITY COLLEGE
RESPIRATORY CARE PROGRAM
PROFESSIONAL RECOMMENDATION FOR APPLICANT FOR ADMISSION TO THE RESPIRATORY CARE
PROGRAM**

TO: _____
Reference's Name (Printed/Typed)

I, _____ (Applicant's name, printed/typed) request that you complete this evaluation of me and send it to the address indicated below (please sign the flap of the envelope), or seal it in an envelope, sign the flap and return to me. I understand that your candid evaluation of me is being sought and I have indicated below whether or not the form will remain confidential.

CONFIDENTIAL- I hereby waive my right of access to your confidential recommendation and understand the recommendation will be held in confidence.

Applicants signature: _____ Date: _____

Please rate the following qualities for this individual, using a scale of 1 to 5, WITH 5 BEING THE HIGHEST RANKING. If unable to rank a specific trait, please mark UTR.

- | | |
|--------------------------------------|---------------------------------------|
| ___ Ability to learn | ___ Integrity/moral character/ethical |
| ___ Problem-solving skills | ___ Initiative |
| ___ Maturity/Judgment | ___ Responsible attitude |
| ___ Dependability | ___ Ability to work independently |
| ___ Ability to work as a team player | ___ Ability to handle stress |

How well do you know this applicant? Very Well () Fairly Well () Slightly ()
Number of years: _____

In what capacity have you known this applicant?

Comments you would like to make about the applicant:

Signature: _____ Date: _____
Position: _____ Telephone: _____
Address: _____

PLEASE RETURN THIS FORM TO:

Pueblo Community College
Respiratory Care Program
900 W. Orman Ave.
Pueblo Co 81004

PLEASE SIGN YOUR NAME ACROSS THE SEALED FLAP OF THE ENVELOPE!!!!

You may attach a separate letter of recommendation if you choose to, but any additional recommendation must be accompanied with this form.

**PUEBLO COMMUNITY COLLEGE
RESPIRATORY CARE PROGRAM
PROFESSIONAL RECOMMENDATION FOR APPLICANT FOR ADMISSION TO THE RESPIRATORY
CARE PROGRAM**

TO: _____
Reference's Name (Printed/Typed)

I, _____ (Applicant's name, printed/typed) request that you complete this evaluation of me and send it to the address indicated below (please sign the flap of the envelope), or seal it in an envelope, sign the flap and return to me. I understand that your candid evaluation of me is being sought and I have indicated below whether or not the form will remain confidential.

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___ Ability to learn	___ Integrity/moral character/ethical
___ Problem-solving skills	___ Initiative
___ Maturity/Judgement	___ Responsible attitude
___ Dependability	___ Ability to work independently
___ Ability to work as a team player	___ Ability to handle stress

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Number of years: _____

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Respiratory Care Program
900 W. Orman Ave.
Pueblo Co 81004

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**PUEBLO COMMUNITY COLLEGE
RESPIRATORY CARE PROGRAM
PROFESSIONAL RECOMMENDATION FOR APPLICANT FOR ADMISSION TO THE RESPIRATORY CARE
PROGRAM**

TO: _____
Reference's Name (Printed/Typed)

I, _____ (Applicant's name, printed/typed) request that you complete this evaluation of me and send it to the address indicated below (please sign the flap of the envelope), or seal it in an envelope, sign the flap and return to me. I understand that your candid evaluation of me is being sought and I have indicated below whether or not the form will remain confidential.

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___ Problem-solving skills	___ Initiative
___ Maturity/Judgement	___ Responsible attitude
___ Dependability	___ Ability to work independently
___ Ability to work as a team player	___ Ability to handle stress

How well do you know this applicant? Very Well () Fairly Well () Slightly ()

Number of years: _____

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Comments you would like to make about the applicant:

Signature: _____ Date: _____

Position: _____ Telephone: _____

Address: _____

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Pueblo Community College
Respiratory Care Program
900 W. Orman Ave. Pueblo Co 81004

PLEASE SIGN YOUR NAME ACROSS THE SEALED FLAP OF THE ENVELOPE!!!!!!You may attach a separate letter of recommendation if you choose to, but any additional recommendation must be accompanied with this form.

CPR VERIFICATION

_____ I carry a Health Providers CPR Card and have attached a copy.

_____ I do not currently hold a Health Providers CPR Card and understand that I must have this completed before the first day of class of fall semester. I will make arrangements to take the CPR course and show proof upon completion.

Date

Signature

ACKNOWLEDGEMENT OF TECHNOLOGY REQUIREMENTS

I acknowledge that the Pueblo Community College Respiratory Care Program utilizes an Internet based course management system for most assignments, quizzes and exams, and as a means of communication between my peers and instructors, and that some of my classes will be Internet based. I understand that it is a requirement for this program that I have the computer skills that will allow me to successfully navigate the Internet, and that I have access to a computer with Internet connection.

By signing and dating this form, I attest that I do have computer skills, and have access to a computer with Internet connection.

Date

Signature.

**PUEBLO COMMUNITY COLLEGE
RESPIRATORY CARE PROGRAM
ESSENTIAL FUNCTIONS OF A RESPIRATORY THERAPIST**

All students in the RCA program must be able to perform these essential functions with or without reasonable accommodations.
Examples of activities given are not all inclusive.

_____ I have read and I understand the Essential Functions Standards outlined in the document below which are specific to the occupation of Respiratory Care. .

_____ I have the ability to meet the Physical Performance Standards as specified.

Signed

Date

The Americans with Disabilities Act bans discrimination of persons with disabilities and in keeping with this law, PCC makes every effort to insure quality education for all students. It is our obligation to inform the students of the essential functions demanded by this program and occupation. Students requiring accommodations or special services to meet Essential Functions of the Respiratory Care Program should contact the Counseling, Career and Transfer Services office.

ESSENTIAL FUNCTIONS STANDARDS

ESSENTIAL FUNCTION	DEFINITION	EXAMPLES
Age Specific	To serve all demographic patients	To be able to care for (emotionally and physically) the pediatric to the geriatric patient.
Critical Thinking	Critical thinking ability for safe and effective practice.	Identify cause-effect relationships in clinical situation; evaluate patient or disease responses; synthesize data; draw sound conclusions; Perform assessment and treatment plans.
Mental/Emotional Requirements	Ability to manage stress appropriately. To make decisions under pressure. Handle multiple priorities.	Dealing with death and dying. The ability to prioritize the care and treatment of critically ill patients.
Interpersonal Skills	Interpersonal abilities sufficient to interact with individuals, families, and groups from a variety of social, emotional, cultural and intellectual backgrounds.	Establish rapport and interact professionally with patients, colleagues, faculty and other health care providers. Use therapeutic communication techniques (attending, clarifying, coaching). React with compassion and sensitivity to the needs of others.
Communication Ability	Communication abilities sufficient for effective interaction with others in spoken and written English	Explain treatment procedures; initiate teaching; document and interpret patient data, listen attentively.
Physical Endurance	Remain continuously on task for several hours with the majority of time standing or moving. Work nights. Ability to perform medium work requirements, exerting up to 50 lbs force occasionally.	Manually resuscitate patients in emergency situations for extensive periods of time. Ability to transport equipment and patients to various areas. Ability to help in the transfer of patients.
Mobility	Physical abilities sufficient to move and maneuver in small spaces, full range of motion; manual and finger dexterity, and hand-eye coordination.	Move around in sleep lab areas avoiding multiple wires and equipment and sterile surfaces. Perform continuous patient treatment with repetitive actions.
Motor Skills	Gross and fine motor abilities sufficient to provide safe and effective patient care with a variety of modalities as well as the operation of equipment.	Use various types of modalities and equipment; assist and position patients or lift and operate equipment with necessary strength and dexterity.
Hearing Ability	Auditory ability sufficient to monitor and assess healthcare concerns.	Hear patient concerns, auscultation of the lung fields (or the student to provide a "hearing enhanced" stethoscope) emergency signals.
Visual Ability	Normal or corrected visual ability sufficient for observation of a patient's deteriorating condition, patient observation and assessment; ability to discriminate between subtle changes in skin color..	Observe patient conditions; such as cyanosis, observe patient/responses. Read chart, computer screen, dials, labels and gauges. Observe equipment and clinical demonstrations. Display visual/spatial skills sufficient for patient safety and comfort.
Olfactory Ability	Olfactory senses (smell) sufficient for	Distinguish smells, which are contributory to

	maintaining environment and patient safety.	assessing and/or maintaining the patient's health status or environmental safety (fire).
Professional Attitude and Demeanor	Ability to present professional appearance and implement measures to maintain own physical and mental health, and emotional stability. Ability to demonstrate emotional health required for the utilization of intellectual abilities and exercise good judgment.	Work under time restraints while performing multiple tasks. Tolerate and react calmly to stressful situations. Exercise professional judgment when prioritizing patient's needs. Demonstrate flexibility and teamwork. Show concern for others.
Environment Safety	Ability to recognize and protect self, patients and others from environmental risks and hazards.	Follows standard precautions, safety procedures and post exposure protocols; works safely with potentially hazardous body fluids; utilize disinfectants and cleaning agents; tolerates frequent handwashing and tolerates wearing of gloves, masks and safety eyewear.