# RESPIRATORY THERAPY PROGRAM APPLICATION

**Application Deadline is June 1, 2022**

If you are interested in pursuing a degree in the Respiratory Therapy (RCA) program at Pueblo Community College, this application packet must be complete and submitted by the deadline stated above. The RCA program is five semesters in length starting each fall semester. This application is valid only for Fall 2022 admissions.

The required documents and process to apply for admission into the RCA program is listed in this packet. Additional information, which describes the program, additional expenses, and other information to assist you in planning your degree, is also provided.

Application packets must be received or postmarked by **5:00 PM, June 1, 2022** and must be current and complete with all required materials attached.

* It is the student's responsibility to see that all the application materials have been received or postmarked by the deadline.
* Incomplete or late applications will NOT be accepted.
* Applicants may contact the RCA department chair, Shawna Tracy, at shawna.tracy@pueblocc.edu for advisement and/or assistance prior to or during the application period. Other contacts include Catherine LaPorte 549-3448 or Marcella Noriega at 549-3280 for information.

## RCA Career and General Information

Welcome students and thank you for choosing respiratory therapy as your career path. A Respiratory Therapist works in a variety of settings: hospital (acute and non-acute settings), homecare, neonatal and pediatric units, diagnostic testing, cardiopulmonary rehabilitation programs, patient education programs, and prehospital transport services. Respiratory therapy is one of fastest growing health professions in the U.S.

Upon acceptance into the Respiratory Therapy program, students will gain classroom and hands-on lab experience in respiratory care techniques and caring for the cardiopulmonary patient. Students will participate in extensive clinical rotations within hospitals and specialty care areas to gain hands on experience working with registered respiratory therapists and other medical professionals.

The PCC Respiratory Therapy program is accredited by the Commission on Accreditation for Respiratory Care (CoARC). Students who successfully complete the program are eligible to take the national credentialing exams governed by the National Board of Respiratory Care (NBRC). Upon passing, a respiratory therapist can practice under the prestigious title of a Certified or Registered Respiratory Therapist (CRT or RRT). After attaining the credentials of a CRT or RRT, a state license is required to practice patient care as a respiratory therapist in all 50 states (requirements may vary from state to state).

## What do I need to do to apply?

1. Apply for Admissions to Pueblo Community College meeting all college admission requirements.
	1. Admission forms may be completed [online](http://www.pueblocc.edu/Admission-Forms/) or at the Admissions office located in the GoZone at your nearest PCC campus. For assistance with admission application, go to the GoZone or call 719-549-3010.
2. Provide **all** unofficial transcript from prior schools, including PCC. Transcripts must be submitted with your application packet. If no transcripts are included in the application packet from a school that is listed, the committee will not continue the application review process.
3. Completion of all general education courses with a “C” or higher. ENG 121, HPR 139, BIO 111, PSY 101 **or** PSY 235, BIO 202, and BIO 204.
	1. If you are currently enrolled in a spring or summer general education course you may still apply to the program for the upcoming fall semester.
	2. Applicants must have all 6 pre-requisites in process or completed at the time of application.
	3. All 6 pre-requisites must be complete before the first fall program semester with a “C” or higher.
4. Complete the Respiratory Therapy Program Application (page 5).
5. Sign the Respiratory Therapy Course Curriculum Schedule Acknowledgement (page 6).
6. Complete RCA Essential Functions Form(pages 7-8).
7. Submit two (2) forms of recommendation. The required forms are located on pages 9-12. Recommendation forms need to be completed by **non-relative** acquaintances and must be included with the application and in sealed envelopes with the signature of the reference source across flap of the envelope.
8. Complete the Respiratory Therapy Work/Volunteer History Form (page 13).
9. Research and prepare a 250 word essay on the responsibilities of a Respiratory Therapist. Research references may be obtained from the following sources by clicking on the link below or typing the website address into your internet browser:
	1. [PCC website:](http://www.pueblocc.edu/Programs/RCA/) <http://www.pueblocc.edu/Programs/RCA/>
	2. The National Board for Respiratory Care ([NBRC](https://www.nbrc.org/)): <https://www.nbrc.org/>
	3. American Association for Respiratory Care ([AARC](http://www.aarc.org/)): <http://www.aarc.org/>
	4. US Department of Labor Occupational Outlook Handbook: <https://www.bls.gov/ooh/healthcare/respiratory-therapists.htm>
10. Complete and sign the Application Checklist to acknowledge that you understand that a background and drug screen will be required if conditionally accepted (page 14).

It is the student's responsibility to see that all the application materials have been received and an advising appointment has been arranged with the Department Chair if needed. All requirements listed above must be received or postmarked by 5 PM, **June 1, 2022** to be considered for acceptance to the program. Evaluation of applicants will take place after the deadline and students will be notified by June 7, 2022 of their application status.

**MAIL OR SUBMIT APPLICATIONS TO:**

Pueblo Community College

Respiratory Therapy Technology Program

900 W. Orman Ave., MT-176

Pueblo, Colorado 81004

Only complete applications will be reviewed. Applicants **will not** be notified of missing application information.

## After I apply, what should I expect?

The Respiratory Therapy Program has a selective admissions policy due to lab space and the limited number of clinical sites available to the program. A maximum of twenty (20) applicants will be chosen for the fall semester. A list of alternates will be maintained and students will be notified of any vacancy up through the first week of fall semester classes. Final admission of all applicants will be awarded at the discretion of the Respiratory Therapy Admission Committee.

If the application packet is complete, the applicant’s information will be reviewed by the program’s Admission Committee. Applicants selected for interviews will be notified by phone and/or email by June 7, 2022. Applicants not selected to go through the interview process will be notified via email the week of June 7, 2022.Interviews will be scheduled the week of June 14, 2022.

* All interviews must be conducted in-person, via a web based meeting application, or conference call-in.

## What to expect if you are conditionally accepted?

Acceptance into the Respiratory Therapy program is conditionally based upon the student meeting the following requirements:

* All Colorado Community College health students (including RCA students) must complete and pass a background check, pass a drug screening, and sign online payment agreement before they can register in classes for the health program.
* The information and procedure to complete these requirements will be sent to you once you have been conditionally accepted into the program.
* Please do not complete the background check or drug screen prior to conditional acceptance notification.
* The current cost the background check and drug screen is $71.20 and is the responsibility of the student.
* The student will also need to provide proof of immunizations, liability insurance, and a current CPR/BLS card. Cost of updating immunizations, liability insurance, and CPR/BLS card is the responsibility of the student. Students will receive all the necessary information and forms during orientation and do not need to provide this documentation until requested.

### *Other requirements*

* Students are required to wear a uniform for clinical internships and should purchase an appropriate amount of scrub sets to accommodate the uniform requirement. Students will be able to purchase their uniforms at the PCC Bookstore.

## Alternate List

If an applicant is not conditionally accepted, they will be placed on an alternate list and candidates will be notified as vacancies occur through the first week of the fall semester. Those placed on the alternate list, who do not fill a vacancy, **must re-apply annually** to be considered for admission to the RCA program. Please note that no materials, such as transcripts or other application documents, are kept on file to be used again for re-application. These materials are treated as confidential documents and are shredded.

# Respiratory Therapy Program Application

Please complete the following application to be considered for admission into the RCA program.

Date: S #:

First Name: M.I. Last Name:

Maiden Name (if applicable):

Current Address:

Street Address: City: State: Zip

Mailing address if different than above:

Street Address: City: State: Zip

Email Address (personal):

Email Address (student):

Phone #: Phone # (Alternate):

Emergency Contact Name: Phone #:

Are you a Colorado Resident? [ ]  Yes [ ]  No

Have you previously obtained a degree? Yes [ ]  No [ ]

 If you answered yes, indicate type of degree(s) obtained: Associate [ ]  Bachelor’s [ ]  Other [ ]

 Degree earned: Year completed:

 Degree earned: Year completed:

 Degree earned: Year completed:

Unofficial transcripts from every school previously attended must be provided with this application.

Indicate the grade received and year completed for each of the following general education courses.

1. BIO 111: Grade Year Completed Have not completed [ ]
2. ENG 121: Grade Year Completed Have not completed [ ]
3. HPR 139: Grade Year Completed Have not completed [ ]
4. PSY 101: Grade Year Completed Have not completed [ ]  **OR**

PSY 235: Grade Year Completed Have not completed [ ]

1. BIO 202: Grade Year Completed Have not completed [ ]
2. BIO 204: Grade Year Completed Have not completed [ ]

## Respiratory Therapy Program Course Curriculum Schedule Acknowledgement

The RCA program is five semesters in length starting each fall semester. Upon acceptance into the Respiratory Therapy program, students will gain classroom and hands-on lab experience and will participate in extensive clinical rotations within hospitals and specialty care areas to gain hands on experience working with registered respiratory therapists and other medical professionals. The curriculum must be completed in a sequential format with each course being offered for a specified semester (please see sequential curriculum below).

| Semester/Total Credits | Course # | Course Title | Credits |
| --- | --- | --- | --- |
| 1st Fall – 15 credits | RCA 105  | Introduction of Respiratory Care | 1 |
| 1st Fall – 15 credits\* | RCA 131  | Basic Techniques in Respiratory Care I | 3 |
| 1st Fall – 15 credits\* | RCA 151  | Cardiopulmonary A & P | 3 |
| 1st Fall – 15 credits\* | RCA 156  | Applications of Science in Respiratory Care | 3 |
| 1st Spring – 13 credits | RCA 132  | Basic Techniques in Respiratory Care II | 5 |
| First Spring – 14 | RCA 153 | Cardiopulmonary Disease | 3 |
| First Spring – 14 | RCA 166  | Monitoring & Diagnostic of the Cardiopulmonary Patient | 2 |
| First Spring – 14 | RCA 110 | Pharmacology of Respiratory Care | 3 |
| Summer – 7 credits | RCA 235  | Mechanical Ventilation I | 2 |
| Summer – 7 credits | RCA 270  | Clinical I  | 5 |
| 2nd Fall – 14 credits | RCA 271  | Clinical II | 8 |
| 2nd Fall – 14 credits | RCA 236  | Mechanical Ventilation II | 3 |
| 2nd Fall – 14 credits | RCA 246  | Neonatal Care and Pediatric Respiratory Care  | 3 |
| 2nd Spring – 12 credits | RCA 272 | Clinical III | 8 |
| 2nd Spring – 12 credits | RCA 265  | Professional Development | 2 |
| 2nd Spring – 12 credits | RCA 266  | Advanced Monitoring & Diagnostics of the Cardiopulmonary Patient | 2 |

I have reviewed the curriculum and have had all my questions and concerns regarding the Respiratory Therapy program addressed. I agree to the Curriculum Schedule for the program.

Applicant Signature: Date:

Printed Name: S #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Respiratory Therapy Technology Essential Functions Form

| Essential Function Criteria | Definition |
| --- | --- |
| Age specific | To serve all demographic patients. |
| Critical Thinking | Critical thinking ability for safe and effective practice throughout the learning process for respiratory care technology. Ability to take written exams within designated time constraints.  |
| Skills Requirements | Ability to perform lab skills competencies under designated time constraints characteristic of operating room conditions. Ability to perform skills in an operating room and in trauma situations demonstrating safe and effective practice during clinical internships. |
| Mental/Emotional Requirements | Ability to use positive coping skills to manage stress and trauma appropriately. To make decisions and judgments and decisions under pressure. To handle multiple priorities and demonstrate calm and effective responses, especially in emergency situations. |
| Interpersonal Skills | Interpersonal abilities sufficient to interact with physicians, staff, faculty, individuals, families, and patients from a variety of social, emotional, cultural and intellectual backgrounds. |
| Communication Ability | Communicate and understand fluent English both verbally and in writing. |
| Physical Endurance | Remain continuously on task for several hours with the majority of time standing, bending, or sitting for long periods of time in one location with minimal or no breaks. Refrain from nourishment or rest room breaks for periods up to 8 hours. Work days, nights, weekends and call. Able to lift up to 50 lbs. and assist with and/or lift, move, position, and manipulate with or without assistive devices, the patient who is unconscious. |
| Mobility | Physical abilities sufficient to move and maneuver in small spaces without assistive devices. Demonstrates a full range of motion; manual and finger dexterity, and hand-eye coordination.  |
| Motor Skills | Gross and fine motor abilities sufficient to manipulate instruments, supplies, and equipment with speed, dexterity, and good eye-hand coordination while providing safe and effective patient care with a variety of modalities.  |
| Hearing Ability | Auditory ability sufficient to monitor and assess the surgeon and respiratory care team’s concerns and hear and understand muffled communication without visualization of the communicator’s mouth/lips. Hear activation/warning signals on equipment. |
| Visual Ability | Normal or corrected visual ability sufficient for observation of a patient and respiratory care procedure. Demonstrate sufficient visual and tactile ability to load a fine (10-0) suture onto needles and needle holders with/without corrective lenses and while wearing safety glasses. |
| Olfactory Ability | Olfactory senses (smell) sufficient to detect odors to maintain environmental and patient safety and address patient needs. |
| 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. Exhibit positive interpersonal skills in patient, staff, and faculty interactions. |
| Environment Safety | Ability to recognize and protect self, patients and others from environmental risks and hazards. |
| Health Safety | Be free of reportable communicable diseases and chemical abuse. Demonstrate immunity to rubella, tuberculosis, and hepatitis B, or be vaccinated against these diseases, or be willing to sign a waiver or release of liability with regard to these diseases. |

**Acknowledgement of Essential Functions**

All students in the Respiratory Therapy program must be able to perform these essential functions. Examples of activities are not all inclusive. By signing below, you are stating that you have read and understand the essential functions and standards specific to the Respiratory Therapy program and have the ability to meet the physical performance standards as specified.

Signature: Date:

## Recommendation Letter 1

Applicant must fill out wavier of confidentiality, sign, date, and print out this form for recommender to fill out.

**Waiver of Confidentiality**

I, request that you complete this form of recommendation of me and put it in a sealed envelope with your signature over the seal and return to me to submit with my application. I understand that your candid evaluation of me is being sought and the form will remain confidential.

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

Applicant Signature: Date:

**Recommender’s Evaluation**

1. How long and in what capacity have you known the applicant?
2. How well do you know this applicant? Very well [ ]  Fairly well [ ]  Slightly well [ ]
3. Considering the following qualities, please rate this individual using the scale below that best reflects your judgement about the applicant. When rating, consider this applicant in comparison to similar individuals you have known/observed in the past.

1 (Poor/Never)

2 (Below Average/Seldom)

3 (Fair/Occasionally)

4 (Well/Often)

5 (Exceptional/Always)

N/A (Not applicable/Not able to judge)

Mark the appropriate score in the following table:

| Criteria | 1 | 2 | 3 | 4 | 5 | N/A |
| --- | --- | --- | --- | --- | --- | --- |
| Exhibits integrity, moral character, and ethics |  |  |  |  |  |  |
| Ability to work as a team player |  |  |  |  |  |  |
| Demonstrates problem-solving/critical thinking skills |  |  |  |  |  |  |
| Ability to work independently |  |  |  |  |  |  |
| Shows maturity and good judgment |  |  |  |  |  |  |
| Consistently demonstrates a responsible attitude |  |  |  |  |  |  |
| Demonstrates dependability |  |  |  |  |  |  |
| Takes initiative |  |  |  |  |  |  |

**Please provide a summary of your recommendation, including why you rated the candidate on the skills listed above as you did:**

May we contact you with questions? Yes [ ]  No [ ]

Recommender’s Signature: Date:

Printed Name: Title:

Email: Phone number:

**Return to applicant in a sealed envelope. PLEASE SIGN YOUR NAME ACROSS THE SEALED FLAP OF THE ENVELOPE IN ORDER TO MAINTAIN CONFIDENTIALITY.**

**OR**

**Return VIA EMAIL TO: Shawna.tracy@pueblocc.edu**

## Recommendation Letter 2

Applicant must fill out wavier of confidentiality, sign, date, and print out this form for recommender to fill out.

**Waiver of Confidentiality**

I, request that you complete this form of recommendation of me and put it in a sealed envelope with your signature over the seal and return to me to submit with my application. I understand that your candid evaluation of me is being sought and the form will remain confidential.

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

Applicant Signature: Date:

**Recommender’s Evaluation**

1. How long and in what capacity have you known the applicant?
2. How well do you know this applicant? Very well [ ]  Fairly well [ ]  Slightly Well [ ]
3. Considering the following qualities, please rate this individual using the scale below that best reflects your judgement about the applicant. When rating, consider this applicant in comparison to similar individuals you have known/observed in the past.

1 (Poor/Never)

2 (Below Average/Seldom)

3 (Fair/Occasionally)

4 (Well/Often)

5 (Exceptional/Always)

N/A (Not applicable/Not able to judge)

Mark the appropriate score in the following table:

| Criteria | 1 | 2 | 3 | 4 | 5 | N/A |
| --- | --- | --- | --- | --- | --- | --- |
| Exhibits integrity, moral character, and ethics |  |  |  |  |  |  |
| Ability to work as a team player |  |  |  |  |  |  |
| Demonstrates problem-solving/critical thinking skills |  |  |  |  |  |  |
| Ability to work independently |  |  |  |  |  |  |
| Shows maturity and good judgment |  |  |  |  |  |  |
| Consistently demonstrates a responsible attitude |  |  |  |  |  |  |
| Demonstrates dependability |  |  |  |  |  |  |
| Takes initiative |  |  |  |  |  |  |

**Please provide a summary of your recommendation, including why you rated the candidate on the skills listed above as you did:**

May we contact you with questions? Yes [ ]  No [ ]

Recommender’s Signature: Date:

Printed Name: Title:

Email: Phone number:

**Return to applicant in a sealed envelope. PLEASE SIGN YOUR NAME ACROSS THE SEALED FLAP OF THE ENVELOPE IN ORDER TO MAINTAIN CONFIDENTIALITY.**

**OR**

**Return VIA EMAIL TO: Shawna.tracy@pueblocc.edu**

## Work/Volunteer History Form

First Name: Last Name: S #:

Please provide the name, address, length of employment/volunteer service, and type of work where you have been employed or have volunteered. The admissions committee is especially interested in experience related to health, education, and/or Respiratory Therapy technology. Additional sheets may be attached if more space is needed.

Employer (Company/Business Name):

Supervisor: Phone #:

Street Address: City: State: Zip

Dates of Employment: FROM TO Type of work:

Employer (Company/Business Name):

Supervisor: Phone #:

Street Address: City: State: Zip

Dates of Employment: FROM TO Type of work:

Employer (Company/Business Name):

Supervisor: Phone #:

Street Address: City: State: Zip

Dates of Employment: FROM TO Type of work:

Employer (Company/Business Name):

Supervisor: Phone #:

Street Address: City: State: Zip

Dates of Employment: FROM TO Type of work:

Employer (Company/Business Name):

Supervisor: Phone #:

Street Address: City: State: Zip

Dates of Employment: FROM TO Type of work:

Student Signature: Date:

## Applicant Check List

Please check the following boxes to indicate that you have reviewed and included documentation required as part of the RCA application packet:

[ ]  I have attached copies of unofficial transcripts from every prior school listed on my application.

[ ]  I have completed the Respiratory Therapy Program Application.

[ ]  I have signed the Respiratory Therapy Course Curriculum Schedule Acknowledgement.

[ ]  I have signed the RCA Essential Functions Form.

[ ]  I have attached two (2) Letters of Recommendation forms from a non-related acquaintance and each letter has been placed *“in a sealed envelope and the recommender’s name is signed across the seal”* according to the instructions found within the application.

[ ]  I have attached the Work/Volunteer History Form

[ ]  I have researched the profession of Respiratory and ***attached a copy*** a 250 word essay on the responsibilities of a Respiratory Therapist.

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.

Signature: Date:

## Notice of Non-Discrimination Statement

**Notice of Non-Discrimination**

Pueblo Community College prohibits all forms of discrimination and harassment including those that violate federal and state law or the State Board for Community Colleges and Occupational Education Board Policies 3-120 and 4-120. The College does not discriminate on the basis of sex/gender, race, color, age, creed, national or ethnic origin, physical or mental disability, veteran status, pregnancy status, religion, genetic information, gender identity, or sexual orientation in its employment practices or educational programs and activities.  Pueblo Community College will take appropriate steps to ensure that the lack of English language skills will not be a barrier to admission and participation in vocational education programs.

The College has designated the Chief Human Resources Officer as its AA/EEO and Title IX Coordinator, and the Senior HR Specialist as Deputy Title IX Coordinator, with the responsibility to coordinate the college’s civil rights compliance activities and grievance procedures. If you have any questions, please contact the Chief Human Resources Officer or Deputy Title IX Coordinator, 900 W. Orman Avenue, Central Administration Building, Room 111, telephone 719.549.3220, email HR.PCC@Pueblocc.edu. You may also contact the Office for Civil Rights, U.S. Department of Education, Region VIII, Federal Office Building, 1244 North Speer Blvd., Suite 310, Denver, CO 80204; phone: 303.844.3417.

**Aviso de no discriminación**

Pueblo Community College (PCC) prohíbe todas formas de discriminación y acoso, inclusive violación de leyes federales y estatales o las políticas educativas 3-120 y 120 4 del Consejo Estatal de Colegios Comunitarios y Laborales. El Colegio no discrimina en base al sexo/género, raza, color, edad, credo, origen nacional o étnico, incapacidad física o mental, estado de veterano, estado de embarazo, religión, información genética, identidad de género o orientación sexual en sus prácticas de empleo, programas educativos, o actividades que ofrece el Colegio. PCC tomará medidas apropiadas para asegurar que la falta de conocimientos del idioma inglés no será un impedimento para la inscripción y participación en programas de educación vocacional.

El Colegio ha designado el Jefe de recursos humanos (RH) el oficial de Acción Afirmativa (AA), Igualdad de Oportunidades de Empleo (EEO), y Coordinador de la ley-Título IX. El Especialista Mayor de Recursos Humanos en PCC es designado como Diputado Coordinador de la ley Título IX con la responsabilidad de coordinar las actividades de cumplimiento de derechos civiles y procedimientos de quejas. Si usted tiene alguna pregunta, póngase en contacto con Jefe de recursos humanoso el Diputado Coordinador de Título IX, 900 W. Orman Avenue, ubicados en el edificio de Administración Central, sala 111, teléfono (719) 549-3220, o correo electrónico HR.PCC@Pueblocc.edu. También puede comunicarse con la oficina de derechos civiles con el Departamento de Educación, Región VIII, Edificio de Oficinas Federales, 1244 North Speer Blvd., Suite 310, Denver, CO 80204; teléfono: 303.844.3417.