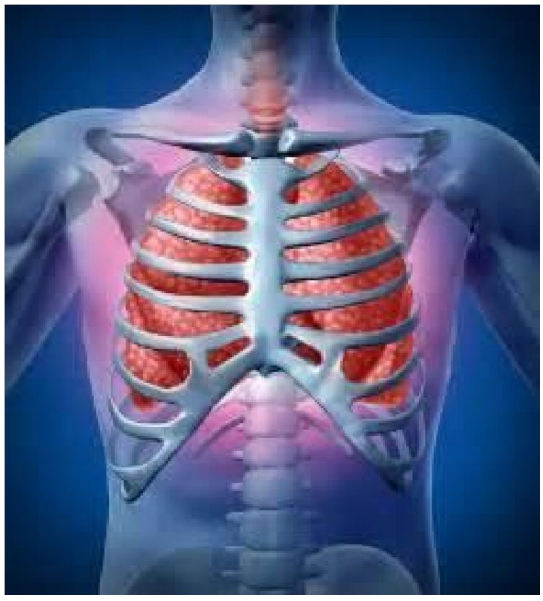
RESPIRATORY THERAPY DEPARTMENT



CLINICAL APPLICATION PACKET

RESPIRATORY THERAPY DEPARTMENT
STUDENT ADMISSION APPLICATION CHECKLIST

DIRECTIONS: Complete all parts of this application packet and return to:

Southern University at Shreveport
Division of Allied Health
Respiratory Therapy Department
Attention: Mrs. DeAquanita Davis
610 Texas Street, Suite 211
Shreveport, LA 71101
Phone: 318-670-9650, Email: ddavis@susla.edu

Read and follow all directions carefully. Check off each step as you complete it. You will be required to sign that you have read and understand all steps of the application process.

All application information, transcripts, and forms must be received by the Respiratory Therapy Department Director of Clinical Education on or before May 14, 2026, by noon.

_____ 1. Complete pre-clinical orientation form. Please read the clinical packet for further information.

_____ 2. Submit THREE (3) CANDIDATE RECOMMENDATION FORMS enclosed in this Packet. Return them with your application or have them sent to the Respiratory Therapy Department.

_____ 3. Attach **OFFICIAL** TRANSCRIPT(S) from each former college or university.

_____ 4. Complete the CANDIDATE APPLICATION FORM enclosed in this packet and return it with all other documents by **May 14, 2026, by noon**.

_____ 5. Submit a typed letter stating why you decided to pursue a career in Respiratory Therapy.

_____ 6. Complete pre–entrance HESI exam and **attach results**. Please read the clinical packet for further information. **(Available exam dates are attached)**

_____ 7. Submit $50.00 to the SUSLA Cashier's Window on the main campus for the application fee and **enclose a copy of the receipt**. Make it payable to SUSLA Respiratory Therapy Department.

_____ 8. Include one **self-addressed AND stamped** envelope.

Upon completion of ***all*** items on the checklist, you will be scheduled for an interview on **May 21, 2026**. You will receive a letter or email about the time and place. **You must appear on time for your interview to complete the application process**. Sign below to indicate that you have read and understood the directions in this application packet.

Signature: _____ Date: _____

TECHNICAL STANDARDS
FOR
RESPIRATORY CARE

General Job Description: Utilize the application of scientific principles for the identification, prevention, remediation, research, and rehabilitation of acute or chronic cardiopulmonary dysfunction, thereby producing optimum health and function. Reviews existing data, collects additional data, and recommends obtaining data to evaluate the respiratory status of patients, develop the respiratory care plan, and determine the appropriateness of the prescribed therapy. Initiates, conducts, and modifies prescribed therapy. Initiates, conducts, and modifies prescribed therapeutic and diagnostic procedures such as: administering medical gases, humidification and aerosols, aerosol medications, postural drainage, bronchopulmonary hygiene, cardiopulmonary resuscitation; providing support services to mechanically ventilated patients; maintaining artificial and natural airways; performing pulmonary function testing, hemodynamic monitoring, and other physiologic monitoring; collecting specimens of blood and other materials. Documents necessary information in the patient's medical record and on other forms and communicates that information to members of the health care team. Obtains, assembles, calibrates, and checks necessary equipment. Uses problem-solving to identify and correct malfunctions of respiratory care equipment. Demonstrates appropriate interpersonal skills to work productively with patients, families, staff, and co-workers. Accepts directives, maintains confidentiality, does not discriminate, and upholds the ethical standards of the profession.

Physical Standards	**Frequency***
Lift: up to 50 pounds to assist in moving patients	F
Stoop: to attach equipment	F
Kneel: to perform CPR	O
Crouch: to locate and plug in electrical equipment	F
Reach: 5 ½" above the floor to attach oxygen devices to the wall outlet	C
Handle: small and large equipment for storing, retrieving, and moving	C
Grasp: syringes, laryngoscopes, and endotracheal tubes	C
Stand: for prolonged periods of time (e.g., delivery therapy, check equipment)	C
Feel: to palpate pulses, arteries for puncture, and skin temperature.	C
Push/Pull: large, wheeled equipment, e.g., mechanical ventilators	C
Walk: for extended periods of time to all areas of a hospital	C
Manipulate: knobs, dials associated with diagnostic/therapeutic devices.	C
Hear: verbal directions	C
Hear: gas flow through equipment	C
alarms	C
through a stethoscope, such as breath or heart sounds	C
See: patient conditions such as skin color, work of breathing	C
mist flowing through tubing	F

Physical Standards	**Frequency***
Lift: up to 50 pounds to assist in moving patients	F
Talk: to communicate in English the goals/procedures to patients	F
Read: typed, handwritten, and computer information in English	C
Write: to communicate in English pertinent information (e.g., patient evaluation data, therapy outcomes.	C
Mental/Attitudinal Standards	**Frequency***
Functions safely, effectively, and calmly under stressful situations	F
Maintain composure while managing multiple tasks simultaneously	F
Prioritize multiple tasks.	C
Exhibit social skills necessary to interact effectively with patients, families, supervisors, and co-workers of the same or diverse cultures, such as respect, politeness, tact, collaboration, teamwork, and discretion.	F
Maintain personal hygiene consistent with close personal contact associated with patient care	C
Display attitudes/actions consistent with the ethical standards of the profession.	C

***Frequency Key: O = occasionally 1-33%; F = frequency 34-66% C = constantly 67-100%**

A. The clinical setting is a high-risk area for exposure to patients with communicable diseases, including exposure to human immunodeficiency virus (HIV) and hepatitis B virus (HBV). Protective procedures are taught and must be followed in the clinical setting.

B. Respiratory Therapy courses are taken during daytime hours. Due to patient-care schedules, clinical days may be as early as **5:45 a.m**.

C. A pre-entrance health form will be distributed with acceptance letters. Results of the medical examination must be reported on the designated health form, which is to be submitted at the pre-clinical orientation before the Fall semester. You may visit a private physician, clinic, health maintenance organization, or medical center for the medical examination.

D. The pre-entrance medical examination includes medical history, physical examination, and record of current immunizations. Verification of the following immunizations/tests is required of students: tuberculin skin test, varicella vaccination and/or titer, tetanus/diphtheria, measles, mumps, rubella, MMR titer, seasonal flu shot, and hepatitis B vaccination dates and titer if the series has been completed. Completion of this form is **mandatory** to continue in the clinical phase.

E. The hepatitis B vaccine is required and involves a series of three (3) injections. Students must have completed the first and second injections of the series before entering the hospital for clinical practice. Students must submit documentation following each injection to the Clinical Director. A physician must validate pregnancy or other health situations (i.e., allergies and nursing mothers), which may prohibit the use of the vaccine, and a waiver signed by the student.

F. HIV testing is required of all students in the clinical phase of the program. Drug screening will be done randomly; students will incur the cost of testing.

G. Students will be required to take the seasonal flu shot once it becomes available in the fall.

H. Students will be required to take the COVID-19 vaccine and show proof of vaccination or sign a declination waiver. Students must submit documentation to the Clinical Director.

I. All courses in the Respiratory Therapy Department must be completed in the semester in which they are scheduled. Support courses may be taken before or concurrent with the required Respiratory Therapy Program curriculum; each course of the program must be passed with a grade of "C" or better in the semester in which it is scheduled.

J. It is your responsibility to have transportation to the assigned hospitals each semester. Clinical rotations occur in various clinical affiliates as listed below:

Willis Knighton Medical Center (North)
Willis Knighton Medical Center (South)
Willis Knighton Medical Center (Bossier)
Willis Knighton Medical Center (Pierremont)
Christus Highland Medical Center
Veterans' Administration Medical Center
Ochsner LSU Health
Ochsner St. Mary Medical Center
Meadowview Nursing (Minden)
Minden Medical Center
PAM Health Specialty
Ruston Regional
North Caddo
Sabine Medical

K. All prospective Allied Health clinical students must complete a pre-entrance HESI exam. The cost of the exam is $65.00 and must be paid at the cashier's window on the main campus. The exam is administered at the Metro Campus Testing Center, Computer Lab, Rm 102-B. The exam is designed to assist students in preparation for entrance into higher education in a variety of health-related professions. The academically orientated exam consists of: Mathematics, Reading, Vocabulary, Grammar, Biology, Chemistry, Anatomy and Physiology, and Physics. There is a review book that may be purchased for the price of $43.99 and used as a study guide on www.elsevierhealth.com. The title is HESI Admission Assessment Exam Review, 6th Edition, ISBN: 978-0-4431-1409-0. ***The purchase of this text is optional. The available dates for this exam with instructions are attached.***

METHODS OF LEARNING: Please answer the following questions.

A. Are you able to perform the physical and mental/attitudinal standards of this program **with** or **without** reasonable accommodation? If you need accommodation, what kind?

B. When learning new information or procedures, you retain it better (you can have more than one answer).

_____reading it

_____seeing it

_____listening to someone explain it

_____doing it myself

_____working with a small group to better understand it

_____working alone to better understand it

_____ _____

Applicant Signature Date

Respiratory Therapy Department
ACCEPTANCE TALLY SHEET

A. COLLEGE RECORD (45 points maximum)

1. College GPA
   _____(GPA of 3.8 – 4.0 = 10 points)
   _____(GPA of 3.5 –3.8 = 8 points)
   _____(GPA of 3.0 – 3.5 = 6 points)
   _____(GPA of 2.5 – 3.0 = 4 points)
   (GPA below 2.5 is NOT eligible for admission to the program)

2. Courses Taken
   The student must have earned at least a "B" to earn points

   _____ a. Human Anatomy & Physiology I (5 points)
   _____ b. Human Anatomy & Physiology II (5 points)
   _____ c. Freshman English I (5 points)
   _____ d. Chemistry and Chemistry Lab(5 points)
   _____ e. College Algebra or higher Mathematics (5 points)
   _____ f. Physical Science (5 points)
   _____ g. Microbiology (5 points)

B. Admission Assessment Exam (10 points maximum)

_____Score of 80 and above (10 points)
_____Score of 70 – 79 (8 points)
_____Score of 60 – 69 (6 points)
_____Score of 50 – 59 (5 points)

C. NON-ACADEMIC CRITERIA (45 points maximum)

_____ Applicant's Typed Statement (5 points)
_____ Reference Letters (5 points)
_____ Pre- Admission Orientation (5 points)
_____ Interview (30 points)

TOTAL _____ / 100

Respiratory Therapy Department
PRE-CLINICAL ORIENTATION FORM

All program applicants must attend a pre-clinical orientation session. The session will only be offered on **May 14, 2026, at 9:00 am**. The meeting will be held at the Metro Campus in room 422.

This form is to be signed by a clinical instructor and will become a permanent part of your application packet.

I _____ attended the pre-clinical orientation
PRINTED NAME
session. I have been provided with a sufficient amount of information on the roles of a respiratory therapy student and a licensed Respiratory Therapist.

Information Covered:

Role of a Respiratory Therapy Student

HIPPA

Floor Care
Pediatrics and Adults

Critical Care
Neonatal, Pediatrics, and Adults

Long-Term Care
Neonatal, Pediatrics, and Adults

Home Health

Specialty Sites
PFT, Hyperbaric, Cardiopulmonary Rehabilitation, Anesthesia, Echocardiogram

_____ _____
Signature of Applicant **Date**

_____ _____
Signature of Faculty **Date**

RESPIRATORY THERAPY DEPARTMENT

APPLICATION FOR ADMISSION

NAME: _____

ADDRESS: _____

TELEPHONE: _____ CITIZENSHIP: _____

EMAIL ADDRESS: _____

STUDENT BANNER ID NUMBER: _____

IN CASE OF EMERGENCY:

_____

Name of Contact Relationship

_____

Street Address City/State/ZIP Code

_____

Telephone Cell Phone

HIGH SCHOOL EDUCATION:

Name of School	Dates Attended	Location

COLLEGE EDUCATION: List in chronological order all undergraduate colleges/universities attended.

Institution	Location	Dates	Major	Degree Earned

RESPIRATORY THERAPY DEPARTMENT
CANDIDATE RECOMMENDATION FORM

DIRECTIONS: The purpose of this form is to provide a personal or professional reference for the prospective candidate. Please complete ALL items on the evaluation form and include a brief narrative of your reason(s) for recommending this individual for entrance to the program. Your signature, occupation, and the date are necessary for completion of this document. Your address and telephone number are optional, but helpful for future reference if needed. All information you provide is protected by the Family Education Rights & Privacy Act of 1974 and is held in strict confidence. If you have any questions, please contact **Mrs. DeAquanita Davis**, Director of Clinical Education/Admissions Chairperson at 318.670.9650 for information. ddavis@susla.edu

Candidate's Name:_____

Length of time you have known Candidate: _____ **| |Months |]Years**

Professional/Personal Relationship:_____

(Employer/Supervisor, Instructor/Pastor, Personal Friend, etc. If you are a relative, please help the candidate select another person to complete a recommendation form.)

Please rate the Candidate's abilities and attributes according to the following scale:

4 = Excellent 3 = Good 2 = Average 1 = Fair 0 = Poor

Use "**N**" for Non-applicable or No-opinion judgments

ABILITIES AND ATTRIBUTES	SCORE
Judgment, decisiveness, and consideration of alternatives	
Assertiveness, Firmness in stating a position	
Professional commitment, knowledge	
Oral expression, clarity, and articulation	
Independence, initiative, minimal need for supervision	
Mood stability, performs well under pressure, level-headed	
Demeanor, responsiveness to the needs/moods of others	
Industriousness, perseverance, and endurance	
Dependability and follow-through	
Leadership, the ability to give direction and organize duties	
Integrity, the ability to maintain privacy, and avoid gossip	
Self-understanding, awareness of own strengths/weakness	
Inquisitiveness: Eagerness to learn	
Cooperation: Willingness and ability to work with others	
Written Communication: Clear, grammatically correct writing	
Personal Appearance: Well-groomed, occasion-appropriate dress	

(Please continue on the next page)

Please use the space below to explain any of the scores in the previous rating table with further comments. (Include additional pages if needed).

_____

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Please use the space below to describe your knowledge of the candidate's strengths and weaknesses as they pertain to his/her suitability for program admission. (Include additional pages if needed).

_____

_____

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_____

EVALUATOR INFORMATION: Provide your **SIGNATURE, PRINTED NAME, DATE,** and **TITLE/OCCUPATION** SO THAT WE CAN VERIFY TO THE CANDIDATE THAT YOUR RECOMMENDATION IS ON FILE. ***ADDRESS AND TELEPHONE NUMBER ARE OPTIONAL.***

SIGNATURE: _____ DATE: _____

NAME: _____
(Please Print)

TITLE/OCCUPATION:_____

ADDRESS: _____

_____

TELEPHONE NUMBER: _____ CELL NUMBER: _____

PLEASE RETURN TO:

Southern University at Shreveport
Respiratory Therapy Program
610 Texas Street, Suite 211
Shreveport, LA 71101
ATTENTION: Mrs. DeAquanita Davis

******(You may return this to the candidate to deliver personally)******

SOUTHERN UNIVERSITY SHREVEPORT LOUISIANA

Excellence • Integrity • Accountability • Service

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Division of Allied Health Sciences and Nursing

Students who are planning to apply to RESPIRATORY THERAPY

are now required to take a pre-admission HESI exam!

Cost of Exam: $65.00

ALL TEST FEES ARE NONREFUNDABLE

Students may pay $65.00 fee:

1. Credit card by calling the SUSLA Cashier's Window @ 318-670-6000 – Option 4 (Direct line 318- 670-9305)
2. Cash/Money Order/Credit Card at Cashier's Window located on the main campus on Marin Luther King, Jr. Drive

After payment:

3. Email a copy of your paid SUSLA receipt to **Ms. Precious Phillips** at puphillips@susla.edu to schedule an exam date.
    - Phone 318-670-9621 – Metro Center, Room #105
4. A copy of the paid receipt must be submitted prior to entering the testing center.
    - You must provide proof of payment before requesting a testing date.
    - Arrive 15-20 minutes early to gain admission to the Testing Center – Metro Center Computer Lab, Rm 102-B, located at 610 Texas Street.
5. **The test must be taken within 3 months of sending your paid receipt, NO EXCEPTIONS. If it's over 3 months, you will have to repay for the HESI Exam.**

The exam will begin promptly.
Dates & Times: (4 hours allotted)
March 4, 2026, 8:00 am-12:00 pm
March 26, 2026, 8:00 am-12:00 pm
April 9, 2026, 11:00 am-3:00 pm
April 20, 2026, 8:00 am-12:00 pm

Revised February 2026

Respiratory Therapy Program Estimated Costs

PRE-CLINICAL FEES	AVERAGE COST	DESCRIPTION
Application Fee	50.00 Non- Refundable	**Vendor: Southern University Respiratory Therapy Program** Explanation: This fee is used to defray the costs associated with the student applicant interview process.
HESI Exam	65.00 Non- Refundable	**Vendor: Elsevier/Evolve** **Paid to the University cashier** Explanation: This is the entrance exam used for students entering the program. The score from this test is one of the criteria used to admit students into the respiratory program. The vendor assesses the fee.
FRESHMAN FEES		
BLS Fee	60.00 Non-Refundable	**Vendor: Contika Shyne** **610 Texas St. Shreveport, LA 71101** Explanation: Students are required by the Commission on Accreditation for Respiratory Care to obtain certification in CPR in order to treat patients in the clinical setting. RESP 109
Physical Exam, Lab results, Immunizations, TB Skin test, flu shot, drug screen	VARIES by Physician	**Vendor: Physician** Explanation: ONLY STUDENTS SELECTED TO ENTER THE CLINICAL PHASE OF THE PROGRAM ARE REQUIRED TO COMPLETE THESE TESTS IN ORDER TO ENTER THE CLINICAL SETTINGS. RESP 109
Entrance Fee	$55.00 Non- Refundable	**Vendor: Southern University Respiratory Therapy Program** Explanation: This fee is charged to students for classroom items such as printer ink, calculators, pencils, scantrons, etc. RESP 109
Background Check	$68.00 Non-Refundable	**Vendor: Southern Research Company Inc.** **2850 Centenary Blvd, Shreveport, LA 71104.** Explanation: Students are required to pass a criminal background check per clinical site request. RESP 109
Adaptive Quizzing	$99.99 Non-Refundable	**Vendor: Elsevier/Evolve** Explanation: Students are required to purchase Adaptive Quizzing in order to progress to the summer semester and 2nd level. RESP 130
Mid Mastery Exit Exam (secured)	$85.00 Non-Refundable	**Vendor: Elsevier/Evolve** Explanation: Students are required to purchase complete a mid-mastery exam at entry level in order to progress to the 2nd level. RESP 130.

AARC Membership Fee	$50.00 Non - Refundable	**Vendor: American Association of Respiratory Care 9425 N. MacArthur Blvd., Suite 100, Irving, TX 75063-4706** Explanation: Students are required to join the Respiratory Therapy professional association in efforts to stay current with conferences and receive discounts on tests and events. RESP 109
Uniform Expense	VARIES +$5 for uniform patch	**Vendor: Student preference** Explanation: Students will need to purchase a specific color uniform to ensure uniformity in the hospital site. RESP 109
SENIOR FEES		
ACLS Fee	$100.00 Non-Refundable	**Vendor: Contika Shyne 610 Texas St. Shreveport, LA 71101** Explanation: Students are required by the Commission on Accreditation for Respiratory Care to obtain certification in CPR in order to treat patients in the clinical settings RESP 262
PALS Fee	$100.00	**Vendor: Contika Shyne 610 Texas St. Shreveport, LA 71101** Explanation: Pediatric Advance Life Support course presents the knowledge and resuscitation skills needed to treat pediatric emergencies. RESP 262
Kettering Review Seminar	$425.00 Non- Refundable	**Vendor: KETTERING NATIONAL SEMINARS** **590 Congress Park Dr., Dayton, OH 45459** Explanation: This is the cost for the review seminar which will prepare for their national exam. RESP 262
HESI Exit Exam (secured)	$90.00	**Vendor: Elsevier/Evolve** Explanation: Students are required to purchase and complete an exit exam at the registry level in order to progress to graduation. RESP 262
Background Check by State	$68.00 Non-Refundable	**Vendor: LSBME** Explanation: Students are required to pass a criminal background check performed by the state licensing board in order to receive credentials. This fee is paid directly to the LSBME by the student. RESP 262
National Exam Fee	$190 Non-Refundable	**Vendor: NBRC** Explanation: Students are required to take a national board exam in order to receive credentials. This fee is paid directly to the NBRC by the students. RESP 262
License Fee	$167.00 Non-Refundable	**Vendor: LSBME** Explanation: Students are required to pay for licensing in any state they intend to work in. This fee is paid directly to the state's listening board by the student. RESP 262