

# **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: Mr. Jonathan Holt  
610 Texas Street, Suite 211  
Shreveport, LA 71101**

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 June 1, 2020.**

- \_\_\_ 1. Completed pre-clinical orientation form. Please read application packet for further information.
- \_\_\_ 2. Submitted THREE (3) Recommendation Letters enclosed in this Packet or have them sent to the Respiratory Therapy Department.
- \_\_\_ 3. Attach copies of all OFFICIAL TRANSCRIPT(S) from each former college or university.
- \_\_\_ 4. Complete the CANDIDATE APPLICATION FORM enclosed in this packet and return with all other documents by **June 1, 2020**.
- \_\_\_ 5. Submit a copy of ACT scores with the application packet.
- \_\_\_ 6. Submit a typed letter stating why you decided to pursue a career in Respiratory Therapy.
- \_\_\_ 8. Completed pre –entrance HESI exam and **results are attached**. Please read clinical packet for further information. **(Available exam dates are attached)**
- \_\_\_ 7. Enclose a **Money Order for \$50.00(non-refundable)** with application packet, made payable to the **SUSLA Respiratory Therapy Department**.
- \_\_\_ 8. One **self-addressed & stamped** envelope.

Upon completion of the application process, applicants will be notified by mail of their acceptance or non- acceptance in the program by **June 5, 2020**. Sign below to show that you have read and understand the directions given in this application packet.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## TECHNICAL STANDARDS FOR RESPIRATORY CARE

The purpose of providing you with Technical Standards is so that you will be informed of the skills required to perform as a Respiratory Care Practitioner.

### 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, collect additional data, and recommends obtaining data to evaluate the respiratory status of patients.

Develop the respiratory care plan and determine the appropriateness of the prescribe therapy.

Initiates and conducts and modified prescribed therapy 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; collection specimens of blood and other materials.

Document necessary information in the patient's medical records and on other forms. Communicate information to members of the healthcare team.

Obtain, assemble, calibrate and check necessary equipment. Uses problem solving to identify and correct malfunction 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 stands of the profession.

PHYSICAL STANDARDS	FREQUENCY*
<b>Lift:</b> Up to 50 pounds to assist moving patients	F
<b>Stoop:</b> To adjunct equipment	F
<b>Kneel:</b> To perform CPR	O
<b>Crouch:</b> To locate and plug in electrical equipment	F
<b>Reach:</b> 5 ½" above the floor to attach oxygen devices to wall outlet	C
<b>Handle:</b> Small and large equipment for storing, retrieving, moving	C
<b>Grasp:</b> Syringes, laryngoscope, endotracheal tubes	C
<b>Stand:</b> For prolonged periods of time (e.g. delivery therapy, check	C

equipment)	
<b>Feel:</b> To palpate pulses, arteries for puncture, skin temperature.	C
<b>Push/Pull:</b> Large, wheeled equipment, e.g. mechanical ventilators	C
<b>Walk:</b> For extended periods of time to all areas of a hospital	C
<b>Manipulate:</b> Knobs, dials associated with diagnostic/therapeutic devices.	C
<b>Hear:</b> Verbal directions	C
<b>Hear:</b> Gas flow through equipment	C
Alarms	C
Through a stethoscope such as breath or heart sounds	C
<b>See:</b> Patient conditions such as skin color, work of breathing mist	C
flowing through tubing	F

<b>PHYSICAL STANDARDS</b>	<b>FREQUENCY*</b>
<b>Lift:</b> Up to 50 pounds to assist moving patients	F
<b>Talk:</b> To communicate in English goals/procedures to patients	F
<b>Read:</b> Typed, handwritten, computer information in English	C
<b>Write:</b> To communicate in English pertinent information (e.g. patient evaluation data, therapy outcomes.	C
<b>MENTAL/ATTITUDINAL STANDARDS</b>	<b>FREQUENCY*</b>
Functions safely, effectively, and calmly under stressful situations	F
Maintain composure while managing multiple tasks simultaneously	F
Prioritize and manage multiple tasks	C
Exhibit social skills necessary to interact effectively with patients, families, supervisors, and co-workers of the same or different cultures such as respect, politeness, tact, collaboration, teamwork, 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, to include 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 prior to 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 a 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 in order to continue on 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 injection of the series prior to 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 cost of testing.
- G. Students will be required to take the seasonal flu shot once it becomes available in the fall.
- H. All courses in the Respiratory Therapy Department must be completed in the semester in which it is scheduled. Support courses may be taken prior to or concurrent with 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.
- I. 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-Schumpert Medical Center (Highland)  
Veterans Administration Medical Center  
Cornerstone Hospital  
Meadowview Hospital (Minden)  
Minden Medical Center  
Lifecare Facilities

- J. All prospective Allied Health clinical students **must** complete a HESI admission exam. The cost of the exam is \$50.00 and must be paid at the cashiers' window prior to arriving for the exam. Contact: Mrs. Wiggins 318-670-9627 Tutorial Lab. The exam is designed to assist students in preparation for entrance into higher education in a variety of health-related professions. The academically orientated subjects consist 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 \$34.95 and used as a study guide. The website is [www.elsevierhealth.com](http://www.elsevierhealth.com) and the title is Admission Assessment Exam Review, 2<sup>nd</sup> Edition ISBN: 978-1-4160-5635-5. ***The purchase of this text is optional. The available dates for this exam with instructions are attached.***

K. **This program is currently on probation.**

**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 accommodations? If you need accommodations, what kind?

B. When learning new information or procedures, you retain it better by (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

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Applicant Signature

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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)

*(A GPA below 2.5 is NOT eligible for admission to the program)*

2. Courses Taken - Student must have earned at least “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)

3. Hours taken at Southern University-Shreveport

4.

\_\_\_\_\_ 20 Hours (5 points)

\_\_\_\_\_ 30 Hours (10 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 \_\_\_\_\_



## RESPIRATORY THERAPY DEPARTMENT PRE- CLINICAL OREINTATION FORM

All program applicants **must** attend a program orientation session. This session will only be offered on **June 1, 2020 at 10:00am**. The meeting will be held at the Metro Center in Room 422.

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

I \_\_\_\_\_ (print name) attended the pre-clinical orientation session. I have been provided with a sufficient amount of information of the roles of a respiratory therapy student and a licensed Respiratory Therapists.

### 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

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**Signature of Applicant**

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**Date**

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**Signature of Faculty**

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**Date**



**RESPIRATORY THERAPY DEPARTMENT**  
**APPLICATION FOR**  
**ADMISSION**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
 \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ CITIZENSHIP: \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

STUDEN BANNER ID NUMBER: \_\_\_\_\_

**IN CASE OF EMERGENCY:**

\_\_\_\_\_  
 (Name of Contact) (Relationship)

\_\_\_\_\_  
 Street Address City/State/ZIP Code

\_\_\_\_\_  
 Telephone Cell Phone

**HIGH SCHOOL ATTENDED:**

Name of School	Dates Attended	Location

**COLLEGE EDUCATION:** List in chronological order all undergraduate colleges attended

Institution	Location	Dates	Major	Degrees



## 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 Mr. Jonathan Holt, Director of Clinical Education/Admissions Chairperson at 318.670.9624 for information.

**Candidate's Name:** \_\_\_\_\_

**Length of time you have known Candidate:** \_\_\_\_\_ [ ] Months [ ] Years

**Professional/Personal Relationship:** \_\_\_\_\_  
*(Employer/Supervisor, Instructor/Pastor, 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, considers alternatives	
Assertiveness, Firmness in stating 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 needs/moods of others	
Industriousness, perseverance, and endurance	
Dependability and follow-through	
Leadership, ability to give direction and organize duties	
Integrity, 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 to 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 of weaknesses as they pertain to his/her suitability for program admission. (Include additional pages if needed).

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SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

NAME \_\_\_\_\_  
(Please Print)

TITLE/OCCUPATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ CELL NUMBER: \_\_\_\_\_

**PLEASE RETURN TO:** Southern University at Shreveport, LA  
Respiratory Therapy Technology Program  
ATTENTION: Mr. Jonathan Holt  
610 Texas Street/Suite 211  
Shreveport, LA 71101

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**Division of Allied Health Sciences**

**Students who are planning to apply to either of the programs listed below:**

**Medical Coding  
Health Information Technology  
Medical Lab Technology  
Radiologic Technology  
Respiratory Therapy  
Surgical Technology  
Emergency Medical Technician**

**Are now required to take a pre-admission exam!!!!**

**Pre-Admission Test Schedule**

**Contact: Mrs. LaShonda Wiggins @ 670-9627**

**Locations:**

**Metro Center 610 Texas Suite 102-B, Computer Lab  
3050 MLK, Jr. Drive Room C-11 (Fine Arts Building)**

**Cost of exam: \$50.00**

- 1. Students should pay \$50.00 fee to SUSLA Cashier's Window**
- 2. Contact Mrs. Wiggins to schedule exam at (318) 670-9627**
- 3. Must present paid receipt on test date**