

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. Katrina Harris
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 May 11, 2018 by noon.

- ___ 1. Completed pre-clinical orientation form. Please read clinical 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 **May 11, 2018 by noon**.
- ___ 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 HESSI exam and **results are attached**. Please read clinical packet for further information. **(Available exam dates are attached)**
- ___ 7. Enclose a **Money Order for \$25.00** with application packet, made payable to the **Respiratory Therapy Department**.
- ___ 8. One **self-addressed & stamped** envelope.

After you have done **everything** in the checklist, you will be scheduled for an interview to be held on **May 18, 2018**. You will receive a letter about time and place. You must appear on time for your interview to complete the application process. Sign below to show that you have read and understand these all other directions given 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 modified prescribed therapy. Initiates, conducts, and modified 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 moving patients	F
Stoop: to adjunct 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 wall outlet	C
Handle: small and large equipment for storing, retrieving, moving	C
Grasp: syringes, laryngoscope, endotracheal tubes	C
Stand: for prolonged periods of time (e.g. delivery therapy, check equipment)	C
Feel: to palpate pulses, arteries for puncture, 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 moving patients	F
Talk: to communicate in English goals/procedures to patients	F
Read: typed, handwritten, 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 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 pre-entrance exam. The cost of the exam is \$40.00 and must be paid at the cashier's window prior to arriving for the exam at the MLK Campus Testing Center – Fine Arts Building; Room C-12. The exam is designed to assist students in preparation for entrance into higher education in a variety of health-related professions. The academically oriented 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 and the title is Admission Assessment Exam Review, 2nd 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

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

Student must have earned at least “B” in order 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

_____ 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. These session will only be offered on **May 11, 2018 at 9:00am**. 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 _____ attended the pre-clinical orientation
PRINTED NAME

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 Hyperbarics Cardiopulmonary Rehabilitation Anesthesia

Signature of Applicant

Date

Signature of Faculty

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 Mrs. Katrina Harris, 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, 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, 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 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).

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).

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, LA
Respiratory Therapy Technology Program
610 Texas Street/Suite 211
Shreveport, LA 71101
ATTENTION: Katrina Harris

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



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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: Reva Whitaker @ 670-9627

Locations:

**Metro Center 610 Texas Suite 305
3050 MLK, Jr. Drive Room C-11 (Fine Arts Building)**

Cost of exam: \$40.00

- 1. Students should pay \$40.00 fee to SUSLA Cashier's Window**
- 2. Contact Mrs. Whitaker to schedule exam at (318) 670-9627**
- 3. Must present paid receipt on test date**

Dates & Times February 2018, 12:45 (3 hours allotted)

6, 8, 15, 20, 22, 27 @ 12:45 (Metro Center Suite 100)

Dates & Times: March 2018 (3 hours allotted)

1, 6, 7, 8, 13, 15, 20, 22, 23 @ 12:45 PM (Metro Center Suite 100)

Dates & Times: April 2018 (3 hours allotted)

3, 5, 10, 24, 26, 30 @ 12:45 PM (Metro Center Suite 100)

Limited seating available

Pre- Clinical Fees	Average Cost	Description
Application Fee	25.00 Non- Refundable	Vendor: Southern University Respiratory Therapy Program Explanation: This fee is used to defray the costs associated with the student applicant interview process.
HESSI Exam	40.00 Non- Refundable	Vendor: Elsevier/Evolve Paid to the University cashier Explanation: This is the entrance exam used for students entering in the program. The score from this test is one of the criteria used to admit students into the respiratory program. The fee is assessed by the vendor.
Freshman Fees		
BLS Fee	55.00 Non-Refundable	Vendor: Claudine Matthews 610 Texas St. Shreveport, LA 71112 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 RESP109
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 TEST IN ORDER TO ENTER THE CLINICAL SETTINGS. RESP109
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. RESP109
Background Check	\$ 65.00 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
Mid Mastery Exit Exam (secured)	\$ 45.00 Non-Refundable	Vendor: AMP http://www.goamp.com/ Explanation: Students are required to purchase complete a mid-mastery exam at entry level in order to progress to the 2 nd 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 test and events. RESP 109
Uniform Expense	VARIABLES +\$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	70.00 Non-Refundable	Vendor: Cheryl Blackshire 610 Texas St. Shreveport, LA 71112 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 261
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 261
National Exit Exam (secured)	\$136.00	Vendor: AMP http://www.goamp.com/ Explanation: Students are required to purchase complete an exit exam at registry level in order to progress to graduate. RESP 261
Background Check by State	\$ 65.00 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 261
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 student. RESP 261
License Fee	\$167.00 Non-Refundable	Vendor: State Licensing Board Explanation: Students are required to pay for licensing in any state they intend to work. This fee is paid directly to the states listening board by the student. RESP 261