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 15, 2017 by noon.

____ 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 15, 2017 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 $30.00 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 19, 2017. 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 all other directions given in this application packet.

Signature: ___________________________   Date: ___________________________
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 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.

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

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<td>Lift: up to 50 pounds to assist moving patients</td>
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<tr>
<td>Talk: to communicate in English goals/procedures to patients</td>
<td>F</td>
</tr>
<tr>
<td>Read: typed, handwritten, computer information in English</td>
<td>C</td>
</tr>
<tr>
<td>Write: to communicate in English pertinent information (e.g. patient evaluation data, therapy outcomes)</td>
<td>C</td>
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### Mental/Attitudinal Standards

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<td>Functions safely, effectively, and calmly under stressful situations</td>
<td>F</td>
</tr>
<tr>
<td>Maintain composure while managing multiple tasks simultaneously</td>
<td>F</td>
</tr>
<tr>
<td>Prioritize multiple tasks.</td>
<td>C</td>
</tr>
<tr>
<td>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.</td>
<td>F</td>
</tr>
<tr>
<td>Maintain personal hygiene consistent with close personal contact associated with patient care</td>
<td>C</td>
</tr>
<tr>
<td>Display attitudes/actions consistent with the ethical standards of the profession</td>
<td>C</td>
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*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 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 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 ORIENTATION FORM

All program applicants **must** attend a program orientation session. These sessions will only be offered on **May 15, 2017 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 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
### Name

NAME ____________________________________________

### Address

ADDRESS __________________________________________

### Telephone

TELEPHONE: ________________________________________ CITIZENSHIP: _______

### Email Address

EMAIL ADDRESS ______________________________________

### Student Banner ID Number

STUDENT BANNER ID NUMBER: ____________________________

### In Case of Emergency

(Name of Contact) (Relationship)

Street Address City/State/ZIP Code

Telephone Cell Phone

### High School Attended

<table>
<thead>
<tr>
<th>Name of School</th>
<th>Dates Attended</th>
<th>Location</th>
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### College Education

**College Education:** List in chronological order all undergraduate colleges attended

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<tr>
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<th>Location</th>
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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

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(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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SIGNATURE:_____________________________________ DATE:__________ ________

NAME_______________________________________________________________________

(Please Print)

TITLE/OCCUPATION:__________________________________________________________

ADDRESS: __________________________________________________________________

______________________________________________________ ____________

TELEPHONE NUMBER: _____________________ CELL NUMBER: ____________________

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**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

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

(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)
Southern University at Shreveport
RESPIRATORY THERAPY DEPARTMENT

First Year (Fall Semester)
Tuition and Books (Per University)
Program Fee $215.00
- CPR Certification ($50)
- American Association for Respiratory Care Membership Fee ($50)
- Southern University Respiratory Organization ($25)
- Drug Screen
- Respiratory Lab Fee ($30)
- Background check ($60)

You will need to purchase the following items for the first semester:
- Two (2) sets of true red scrubs
- One (1) watch with second hand
- One (1) stethoscope
- One (1) pair of bandage scissors
- One (1) calculator
- White Lab Coat
- White Leather Tennis Shoes

First Year (Spring Semester)
Tuition and Books (Per University)

Summer Semester
Tuition and Books (Per University)
Mid Program Mastery Exit Exam $45.00

Second Year (Fall Semester)
Tuition and books (Per University)
Program Fee $560.00
- Southern University Respiratory Organization ($25)
- Drug Screen
- Respiratory Lab Fee ($30)
- ACLS Certification $ 80.00
- Kettering Review Seminar $ 425.00

Second Year (Spring Semester)
Tuition and books (Per University)
Program Fee $517+
- National Exam Fee $190
- Advanced Practitioner Exit Exam $95.00
- License Fee $167.00
- Background Check by State for licensure $65.00
- Graduation Fee (check with Registrar’s Office)

*This is only an approximation, may be subject to change. All fees are non-refundable.

REVISED: 8/12/2015
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

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

Place: Metro Center 610 Texas Suite 305
Contact: Mrs. Whitaker @ 670-9627 to schedule your exam.

Cost of exam: $40.00
Students MUST go to Cashier’s Window (MLK campus) to make payment and present paid receipt before taking the exam. Otherwise, there will be no admittance into the test center.

**Dates & Times: March 2017 (4 hours allotted)**

- March 28 (8:15 AM), 29 (12:45 PM)
- 31 (8:15 AM)

**Dates & Times: April 2017 (4 hours allotted)**

- April: 11, 12, 18, 20, 21, 25: (08:15)
- 10, 13, 17, 19 (12:45)

**Dates & Times: May 2017 (4 hours allotted)**

- May 2, 4, 11, 16, 23, 25, 30 (8:15 AM)
- 9, 17, 18, 22, 29, (12:45 PM)
- 19, 26 (0800 AM)

**Limited seating available**

Revised January 10, 2017