



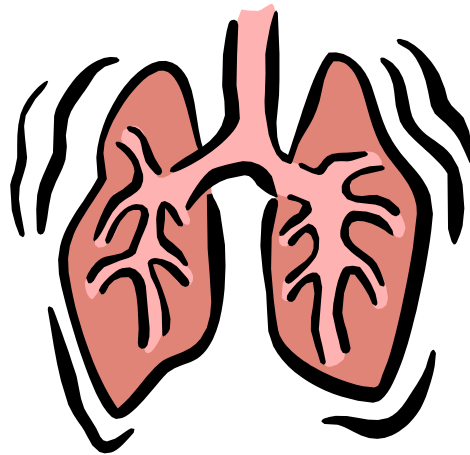
DARTON

STATE COLLEGE

Allied Health Division

RESPIRATORY CARE PROGRAM

EVENING TRACK
APPLICATION PACKET



Revised August 24, 2012



Allied Health Division

Dear Prospective Evening and Weekend Student:

Are you a caring person who likes to help people? Do you like to work with high tech equipment? Do you enjoy a job where every day you will have different challenges and opportunities? Would you like a job where there are opportunities for specialization or advancement to management or education? If you answered yes to these questions then Respiratory Therapy may be the career for you.

Respiratory Therapists are the health care professionals who care for people with breathing problems. Under the direction of physicians Respiratory Therapists assist in the diagnosis, treatment and management of patients with cardiopulmonary problems. Respiratory Therapists use a great deal of independent judgment to make recommendations to the health care team regarding patients' respiratory care.

A career in Respiratory Therapy allows you the opportunity to work with people of all age groups from premature infants, to children, to adults, to the elderly. You can choose to specialize in areas such as critical care, home care, pulmonary diagnostics, neonatal intensive care, and more. Respiratory Therapists are employed in hospitals, nursing homes, home care companies, doctors' offices, diagnostic and rehabilitation clinics and more.

With the aging of the American population the need for health care and especially respiratory care is expected to increase significantly in the years ahead. Currently there is a shortage of Respiratory Therapists in the United States and this shortage is expected to increase in the coming years. Because of this Respiratory Therapy is expected to be one of the fastest growing career fields in the years ahead. Starting salaries for Registered Respiratory Therapists in this area are in the \$40,000 per year range.

Once the required prerequisite courses are complete, the Evening and Weekend Track leading to the Associate of Science in Respiratory Care degree at Darton State College is a six (6) semester program designed to prepare you for employment as an advanced level Registered Respiratory Therapist. Students must complete all of the general education prerequisite courses prior to beginning the respiratory care program. All classes are offered during evening and weekend hours. The program is open to qualified applicants regardless of previous experience. For more information please contact the program director.

The Darton State College Respiratory Care program is fully accredited by the Commission on Accreditation for Respiratory Care (CoARC) 1248 Harwood Rd., Bedford, TX 76021 (817) 283-2835

Sincerely,

Bill Thomas

Bill Thomas MS, RRT, Program Director

Phone 229-317-6896

Email: william.thomas@darton.edu

Darton State College
Respiratory Care Program
Evening and Weekend Program Track

Thank you for your interest in the Darton State College Respiratory Care Program. This application packet contains information about the program, and all of the forms required for admission to the Respiratory Care Program. Be sure to read the information carefully. **All completed application packets become the property of Darton State College.**

The Evening and weekend program tract is designed for non-traditional students who due to family and job considerations cannot make a commitment to enroll in a full time traditional college program, but are interested in making a career change to Respiratory Care. All courses required for completion of the Associate of Science in Respiratory Care Degree will be offered during evenings and weekends.

The evening and weekend track will be limited to no more than 10 students per class. In order to qualify for acceptance to the evening and weekend track students must have completed the following.

1. Be accepted to Darton State College
2. Complete all Learning Support Requirements
3. Complete all of the required general education prerequisite courses with an overall GPA of 2.5 or higher **and** students must earn a grade of “C” or better in the following courses:
 - BIOL 1100k Human Anatomy and Physiology,
 - CHEM 1151 Survey of Chemistry,
 - PHSC 1011 Physical Science 1,
 - BIOL 2115 Microbiology.
4. Complete the Respiratory Care Evening and Weekend Program Track application package.

The application package includes:

- Respiratory Care Program application
- Completed hospital visitation form. (Optional)
- 250 Word essay form.
- Three personal recommendation forms.
- Completed health questionnaire
- Immunization form.

These materials must be submitted to the Program Director or the Allied Health Division office.

Students applying to the Respiratory Care Program should list major code 0266 on the Darton State College application as their proposed major.

The evening and weekend track begins in the spring semester. The application deadline for this track is **December 1**. Because of the limited enrollment in this track it is suggested that students apply early.

The program selection committee will review the completed applications received. Selection is based on the student's Grade Point Average and completed application materials. An offer of acceptance is made to applicants who achieve the highest rankings. Selection continues until the class is full.

Darton State College is an equal opportunity institution. Admission to the Respiratory Care Program is not based on race, color, national origin, sex, religion, or age. The Program does not discriminate on the basis of disability, but applicants must be able to meet the physical requirements of the job. Please see the Darton State College catalog for these requirements.

Courses Required

All of the learning support and general education prerequisite courses required for graduation from the Respiratory Care Program are currently available in at least one of the following formats at Darton State College.

- Online classes
- Evening classes
- TV (Ch19) classes
- Saturday classes

The required general education prerequisite courses are:

<u>Course Number</u>	<u>Course</u>	<u>Credit Hours</u>
ENGL 1101	English Composition 1	3
MATH 1111	College Algebra	3
POLS 1101	American Government	3
PSYC 1101	General Psychology	3
HUMANITIES	Humanities Elective	3
ALHE 1120	Medical Terminology	1
BIOL 1100k	Human Anat. and Phys. for Healthcare**	4
CHEM 1151	Introductory Chemistry	4
PHSC 1011k	Physical Science 1	4
BIOL 2115	Microbiology	4

- ** Students may take BIOL 2111 / 2112 in place of BIOL 1100k.
- ** Students may take CHEM 1211 in place of CHEM 1151
- ** Students may take PHYS 1111 in place of PHSC 1011k
- ** Students may take MATH 1001 Quant Reasoning in place of MATH 1111

Once the general education courses have been completed and the student is accepted to the Respiratory program, completion of the Respiratory coursework takes 6 semesters. Students are required to enroll in all of the courses required that semester. Courses must be taken in the required sequence. Classes will be scheduled Monday through Thursday evenings. Clinical practicum's will be scheduled as needed and may be done on weekends if needed.

**Darton State College
Respiratory Care Program
Course Schedule
Evening & Weekend Track**

Spring Semester 1

RESP 1100	Introduction to Respiratory Care	1
RESP 1131	Patient Assessment & Protocols	4
RESP 1111	Fundamentals of Respiratory Care	<u>3</u>
		8

Summer Semester 1

RESP 1132	Cardiopulmonary Pharmacology	2
RESP 1133	Cardiopulmonary Anatomy & Physiology	3
RESP 1134	Cardiopulmonary Disease	<u>2</u>
		7

Fall Semester 1

RESP 1135	Mechanical Ventilation & Critical Care	<u>5</u>
		5

Spring Semester 2

RESP 1136	Neonatal & Pediatric Respiratory Care	2
RESP 1137	Specialized Areas of Respiratory Care	2
RESP 1138	Advanced Cardiac Life Saving	<u>2</u>
		6

Summer Semester 2

RESP 2201	Clinical Practicum 1 (24 x 8)	5
RESP 2205	Clinical Professionalism	<u>1</u>
		6

Fall Semester 2

A Term		
RESP 2210	Clinical Practicum 2 (36 x 8)	5
B Term		
RESP 2220	Clinical Practicum 3 (36 x 8)	5
RESP 2330	Credential Preparation	<u>1</u>
		11

Total Respiratory		43
Total Core		<u>33</u>
Total		75

**DARTON STATE COLLEGE
RESPIRATORY CARE PROGRAM
HOSPITAL VISITATION FORM
(OPTIONAL)**

Applicant's Name: _____ Date: _____

Applicant's Signature: _____

Hospital Visited: _____

Instructions to the applicant: Call the respiratory department of the hospital, ask for the supervisor, explain that you are an applicant to the Darton State College Respiratory Care Program, and ask to make an appointment to visit the department. Be courteous and on time for your appointment. Proper attire is mandatory for the hospital visit. Present this form to the person conducting the visit and ask them to complete it.

Respiratory Department Representative please complete

The applicant visited the following areas of the hospital: (please check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Respiratory Department | <input type="checkbox"/> Labor and Delivery |
| <input type="checkbox"/> ABG Lab | <input type="checkbox"/> Rehab Center |
| <input type="checkbox"/> Sleep Lab | <input type="checkbox"/> Emergency Room |
| <input type="checkbox"/> Adult Patient Floors | <input type="checkbox"/> Adult Intensive Care Unit |
| <input type="checkbox"/> Pediatric Floor | <input type="checkbox"/> Neonatal ICU |
| <input type="checkbox"/> PFT Lab | <input type="checkbox"/> Other _____ (please specify) |

Did the applicant observe a representative sample of the daily job requirements of a respiratory therapist? Yes No

Was the applicant interested and enthusiastic about the tour? Yes No

Did the applicant ask questions about the job or profession? Yes No

Was the starting pay for an RT explained to the applicant? Yes No

How long did the visit last? _____

How would you rate the applicants interest in respiratory therapy?

1	2	3	4	5
Low				High

Signature of Department Representative: _____

When Complete Please Return To: **Darton State College Respiratory Care Program
Bill Thomas, Program Director
2400 Gillionville Road
Albany, GA 31707**

**Darton State College
Respiratory Care Program**

Student Immunization and Medical Record

Part A: To be completed by student Date: _____

Name: _____

First Middle Initial Last

SSN: _____ Date of Birth: _____

Mailing Address: _____

Street or P.O. Box

_____ Telephone: _____

City State Zip

Health Ins. Co: _____ Person Responsible _____

**Darton State College
Respiratory Care Program
Certification of Medical Examination Form**

Part B: To be completed by a Physician/PA/ARNP

This is to certify that I have examined _____
and find him/her to be of general good health.

_____ _____

Date of Examination

Signature
(Physician/PA/ARNP)

This is to certify that I have examined _____
and find him/her to be of general good health except for the following
conditions: _____

Date of Examination

Signature
(Physician/PA/ARNP)

**Darton State College
Respiratory Care Program
Student Immunization Record**

Test or Immunization

1. MMR (Measles, Mumps, Rubella)

(Dates) _____

or

Titer documenting Immunity (Date) _____

2. Polio

(Dates) _____

3. PPD (within last 12 mo)

(Date) _____ (Results) _____

If Positive – Chest X-Ray (Date) _____

4. TDAP (within last 12 mo)

(Date) _____

5. Hepatitis B (3 required)

(Dates) 1. _____ 2. _____ 3. _____

or

Hepatitis B Antibody Titer (Date) _____

6. Varicella

(Dates) _____

or

Varicella Immunity titer (Date) _____

(Note – History of disease is no longer sufficient)

7. Influenza vaccine (current year)

(Date) _____

8. Meningococcal vaccine

(Date) _____

(only required if the student lives in the Dormitorys on campus)

Signature of Physician or Health Dept. Official

Date

**Darton State College
Respiratory Care Program**

Essay

Instructions: This essay is required of all applicants to the respiratory program. The essay must be handwritten in the students own handwriting in the box below and be limited to 250 words. The quality of the essay will be reviewed by the program selection committee and is part of the admission selection process. Neatness, spelling, grammar, and punctuation all count in the scoring process. Students should express thoughts clearly and concisely to meet the length requirement.

TOPIC: How will the Respiratory Therapy Profession satisfy my personal goals during the next five years?

**Darton State College
Respiratory Care Program**

Financial Responsibility for Accidents

I, _____ (Print name), acknowledge that I am personally responsible for any health care expenses that may occur as a result of any unfortunate accident, injury, or exposure to any communicable disease that may occur during any class, laboratory, or clinical practicum that is a part of the Respiratory Care Program. This includes any incidents that may occur in the hospital, during patient transports, or during travel with an assigned home care company.

I further agree that Darton State College, or any of the Respiratory Care Program's clinical affiliates, will not be held financially responsible for any treatment I may require as a result of such an accident.

Signature: _____

Date: _____

Darton State College Respiratory Care Program

Applicant Recommendation Form

Applicant:(Print Name) _____

Instructions:

To the applicant: Please give this form to the person chosen to provide this recommendation for you. This person should be a professional who is able to evaluate your personal characteristics such as an employer, supervisor, teacher, physician,,healthcare worker or councilor, etc. Recommendations from friends or family are prohibited.

To the person completing the recommendation form: The applicant is applying for admission to the Respiratory Care Program. We consider the following characteristics to be important for the success of students in this program.

Please evaluate each of these personal characteristics of the applicant by circling the most appropriate choice using the following scale..

5 = Strongly Agree, 4 = Agree, 3 = Neutral, 2 = Disagree, 1 = Strongly Disagree, N/A = Unable to Evaluate

Please feel free to list any additional comments on the back of this form

Responsibility – Accountable for one’s actions	5	4	3	2	1	N/A
Leadership – Has the capacity to direct others	5	4	3	2	1	N/A
Initiative – Motivated to pursue actions independently	5	4	3	2	1	N/A
Flexibility – Adapts to new or changing situations	5	4	3	2	1	N/A
Organization – Able to arrange or order tasks efficiently	5	4	3	2	1	N/A
Self Confidence – Assured in one’s abilities and skills	5	4	3	2	1	N/A
Independent work - Completes tasks with minimal supervision	5	4	3	2	1	N/A
Verbal Communication – Expresses self effectively.	5	4	3	2	1	N/A
Written communication – Writes clearly and effectively.	5	4	3	2	1	N/A
Stress Response – Maintains composure & ability to function.	5	4	3	2	1	N/A
Attitude – Positive approach to assignments and coworkers.	5	4	3	2	1	N/A
Manual Dexterity – Ability to perform hands on skills	5	4	3	2	1	N/A
Team Player – Able to work as part of a group.	5	4	3	2	1	N/A
Accepts Supervision – Willing to learn.	5	4	3	2	1	N/A
Maturity – Demonstrates common sense, self control, tact.	5	4	3	2	1	N/A
Dependability – Reliable, follows through on tasks.	5	4	3	2	1	N/A
Perseverance – Doesn’t give up easily	5	4	3	2	1	N/A
Decision Making – Analyzes facts and formulates solution.	5	4	3	2	1	N/A
Knowledge Application – Can apply what has been taught	5	4	3	2	1	N/A

Darton State College Respiratory Care Program

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Additional Comments: (Please use to indicate applicant's strengths particularly those not indicated already, and any areas you feel need improvement.)

Relationship to applicant: Advisor Teacher Supervisor Employer

Other (Please describe) _____

How long have you known the applicant? _____

How well do you know the applicant? _____

Do you Highly Recommend, Recommend

this applicant? Recommend with reservation Not Recommend

Signature: _____ Date: _____

Name: _____

Title: _____

Institution: _____

Address: _____

Telephone: _____

Would you mind if someone contacted you about this applicant? Yes No

Thank you. To assist the applicant in completing the application process we ask that you seal this recommendation in an envelope and sign your name across the flap before returning it to the applicant. If you prefer you may mail this recommendation directly to:

Darton State College
Bill Thomas, Program Director
Respiratory Care Program
2400 Gillionville Rd.
Albany, GA 31707

Darton State College Respiratory Care Program

Applicant Recommendation Form

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Decision Making – Analyzes facts and formulates solution.	5	4	3	2	1	N/A
Knowledge Application – Can apply what has been taught	5	4	3	2	1	N/A

Allied Health Student Acknowledgement of Accreditation Status & Employability
Accreditation and Approvals:

Darton State College is accredited by the Commission on Colleges of the Southern Association of Colleges and Schools (1866 Southern Lane, Decatur, Georgia 30033-4097, (404)679-4501 to award Associate Degrees.

Specific programs of study and their accreditation or approval bodies:

Cancer Registry Management Program – Accredited by the National Cancer Registrars Association, Formal Education Program Review Committee, 1340 Braddock Place, Suite203, Alexandria, VA 22314.

Cardiovascular Technology Program – Accredited by the Joint Review Committee on Education in Cardiovascular Technology (JRC-CVT), 1248 Harwood Road, Bedford, TX 76021. Phone (214) 206-3117 through the Committee on Accreditation of Allied Health Education Programs (CAAHEP), 1361 Park Street, Clearwater, FL, 33756. Phone (727) 210-2350, Fax (727) 210-2354.

Dental Hygiene Program – Accredited by the Commission on Dental Accreditation, a specialized accrediting body recognized by the United States Department of Education. The Commission on Dental Accreditation can be contacted at (312)440-2568 or at 211 East Chicago Avenue, Chicago, IL 60611.

Emergency Medical Services Program – APPROVAL: Georgia Department of Public Health, Office of EMS and Trauma.

Health Information Technology Program – Accredited by the Commission on Accreditation for Health Informatics and Information Management Education, 233 N. Michigan Avenue, Chicago, IL 60601-5519, (312)233-1100, www.cahim.org This is an agency of the American Health Information Management Association (AHIMA) 233 N. Michigan Ave., Chicago, IL 60601-5519 (312)787-2672 www.ahima.org

Histotechnology Program – Accredited by the National Accrediting Agency for Clinical Laboratory Sciences (NAACLS), 5600 N. River Rd., Suite 720, Rosemont, IL 60018-5119 (773) 714-8880, www.naacls.org

Human Services Technology Program – Accredited by the Council for Standards in Human Services Education (CSHSE), Susan Kincaid, VP Program Accreditation, Western Washington University, Dept. of Human Services, Woodring College of Education, Miller Hall #419 M-S 9087, 516 High Street, Bellingham, WA 98225 Telephone: (360)650-3531.

Medical Laboratory Technology Program- Accredited by the National Accrediting Agency for Clinical Laboratory Sciences (NAACLS), 5600 N. River Road, Suite 720, Rosemont, Ill. 60018-5119 Phone: (773) 714-8880, fax: (773) 714-8886. www.naacls.org.

Occupational Therapy Assistant Program - Accredited by the Accreditation Council for Occupational Therapy Education (ACOTE), The American Occupational Therapy Association, P.O. Box 31220, Bethesda, MD 20824-1220, (301)652-2682.

Physical Therapist Assistant Program - Accredited by the Commission on Accreditation in Physical Therapy Education, 1111 No. Fairfax Street, Alexandria, VA 22314, (703) 684-2782.

Respiratory Care Program - Accredited by the Commission on Accreditation for Respiratory Care (COARC), 1248 Harwood Rd., Bedford, TX 76021 (817) 283-2835.

THE FOLLOWING PROGRAMS ARE NOT ACCREDITED AT THIS TIME:

Diagnostic Medical Sonography

Emergency Medical Services (EMT, AEMT and Paramedic)

Polysomnographic Technology

PROGRAMS THAT DO NOT HAVE SPECIFIC PROGRAM ACCREDITATION AGENCIES AT THIS TIME:

Computed Tomography

Medical Coding

Phlebotomy

As an Allied Health program student at Darton State College, I hereby verify with my signature that I am aware of the accreditation or approval status of the given program that I have been accepted into.

Printed Name _____ Program _____ SEMESTER _____

Signature _____ Date _____

Employability

Darton State College does not offer formalized job placement services or guarantee employment after graduation from any Allied Health program. The employability of an Allied Health program graduate is dependent on changeable job market factors and variables beyond the control of Darton State College. It is the responsibility of the graduate to secure employment after program completion.

As an Allied Health program student at Darton State College, I hereby verify with my signature that I understand the employability statement as written above.

Printed Name _____

Signature _____ Date _____