



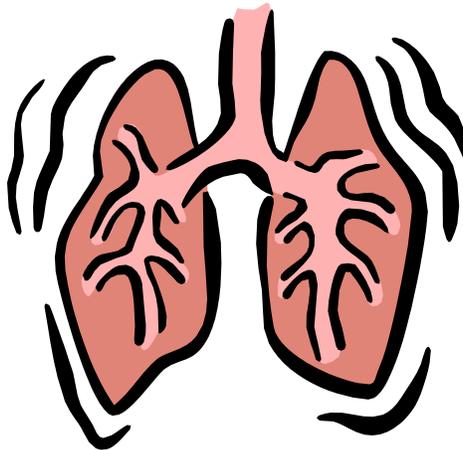
DARTTON

STATE COLLEGE

Allied Health Division

RESPIRATORY CARE PROGRAM

REGULAR TRACK
APPLICATION PACKET



Revised August 24, 2012



Allied Health Division

Dear Prospective 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.

As a Respiratory Therapist you will have 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 Associate of Science in Respiratory Care degree at Dartton State College is a four (4) semester program designed to prepare you for employment as an advanced level respiratory therapist. The program is open to qualified applicants regardless of previous experience. For more information please contact the program director.

The Dartton 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

Respiratory Care (0366)
Health Science Division
Recommended Courses For Career
Associate of Science Degree Programs
Regular Program Track

The Associate of Science Degree *in* Respiratory Care at Darton State College is a seven Semester sequence. The first three semesters consists of required prerequisite and general education courses, and the remaining four semesters constitute the actual professional curriculum. The professional curriculum is designed to prepare the graduate to function as an advanced level Respiratory Care Professional (RCP) in hospitals, non-acute care agencies, and in home care. After successful completion of all academic and clinical requirements, the graduate will be eligible to take the entry-level exam and upon successful completion of this examination the graduate may take the advanced level examination of the National Board for Respiratory Care (NBRC), 8310 Nieman Rd., Lenexa, KS (913) 599-4200. Upon passing the NBRC entry-level exam and meeting all requirements for Georgia State licensure, the graduate may be licensed in the state of Georgia as a Respiratory Care Professional (RCP). The Composite State Board of Medical Examiners, 2 Peachtree St. NW, 36th Floor, Atlanta, GA 30303 (404) 656-3913, has the right to refuse to grant a license to any individual who has been convicted of moral and/or legal violations specified in Georgia law. The Darton State College Respiratory Care Program is accredited by the Commission on Accreditation for Respiratory Care (CoARC), 1248 Harwood Rd., Bedford, TX 76021 (817) 283-2835.

In addition to the application forms submitted to the admissions office for admission to the college, students applying to the Respiratory Program for the first time or reapplying for any reason are required to submit a separate application for selection into the Respiratory Program. Applications are available in the Allied Health Division Office or they may be downloaded from the Darton Website for students interested in enrolling in the Respiratory Program.

To comply with the requirements of cooperating clinical facilities, the Respiratory Care program requires students to submit a completed health form.

To be considered for selection into the Respiratory Care Program, a completed program application must be received by July 1st for the upcoming Fall class. Applications received after the deadline will be considered only if the class has not been filled. The Respiratory Care Program has a limited enrollment; students are encouraged to apply as soon as possible. Students are selected on the basis of Grade point average in pre-requisite courses, Overall grade point average and number of credits earned, and completed application packet materials. An offer of acceptance is made to the applicants who achieve the highest rankings in the selection process. The selection process continues until the class is filled.

Associate Degree graduates of the Darton State College Respiratory Care Program may be eligible to receive advanced placement in the Bachelor of Science programs in Respiratory Care offered by the four-year institutions of the University System of Georgia. Students desiring to complete a Bachelor of Science in Respiratory Care should make direct inquiry to the institution of choice.

Admission Requirements:

1. Admission to Darton State College
2. Completion of all Learning Support requirements
3. Completion of the required pre-requisite and general education courses with a cumulative GPA of 2.5 or higher. In addition students must earn a grade of “C” or better in the following courses: ALHE 1115, ALHE 1120, BIOL 1100k, CHEM 1151, PHSC 1011k, and BIOL 2115.

Science courses taken more than five years prior to enrollment in the program will be evaluated by the Respiratory Program Faculty and may need to be repeated.

Respiratory Care Program Requirements:

1. Students will be required to submit a completed health form documenting satisfactory health status and evidence of health insurance prior to clinical practicum.
2. The student *is responsible* for his/her own health in the event of illness, accident, or exposure to communicable disease in class, lab, or clinic.
3. Professional liability insurance is required prior to clinical rotations.
4. Students must earn a “C” or better in all Professional courses in order to progress to the next course in sequence. Any student failing to complete a professional course will not be allowed to continue in the program. The student may reapply for admission in the next class. Students seeking readmission will be evaluated by the Respiratory Care faculty to determine acceptability and placement in the program. Previously completed professional courses may be accepted or may need to be repeated at the sole discretion of the faculty. Students who fail to complete more than one Respiratory course (this may be two different courses or the same course twice) will be dismissed from the program and will not be re-accepted. Withdrawing from a respiratory course in lieu of failing will count as an attempt the same as a failure. Students who fail a clinical practicum must at a minimum repeat both the clinical and classroom courses covering that content.
5. Students are required to maintain a cumulative 2.0 GPA in order to graduate from the program and Darton State College.
6. The Respiratory Care Program reserves the right to discontinue, at any time, the enrollment of a Respiratory Care student if, In the judgment of the Vice President for Academic Affairs, the Dean of Allied Health, and the Respiratory Care Faculty, the student does not appear to have the necessary qualifications for a career as a Respiratory Care Professional. Refer to the program handbook for more information.
7. The student must abide by the policies and procedures of the Respiratory Care program as defined in the program handbook.
8. The student must possess the essential physical and mental functional requirements for the profession in the categories of visual acuity, hearing, physical ability, speech, and manual dexterity. Refer to the Program Handbook for complete information.
9. Students will have three attempts to successfully demonstrate competency of any skill taught in the laboratory or clinical practicum. This policy includes the American Heart Association ACLS course at the end of RESP 1138. Students unable to demonstrate competency after 3 attempts will fail the laboratory or clinical course, including ACLS, and will not be allowed to progress in the program. Students may re-apply according to the previously listed policies.
10. Respiratory students must demonstrate
 - a. Sufficient critical thinking ability to be able to safely and effectively assess clinical situations and act appropriately.

- b. Sufficient interpersonal skills to interact successfully with co-workers, supervisors, patients and family members who may have different social, emotional, cultural and intellectual backgrounds.
- c. Sufficient communication abilities both verbal and written to be able to provide patient instruction and education, complete proper documentation and communicate with physicians and other health care workers professionally.

Additional Fees and Costs:

1. Professional liability insurance is required prior to clinical assignment. Fees are assessed annually in the spring as part of the students Tuition and Fees.
2. Students are required to complete a series of Hepatitis B vaccinations. A series of at least 3 shots are required. Costs will vary depending on the student's choice of provider. Students must have completed at least the first 2 shots of the series prior to clinical assignment. Additional immunizations will be required prior to clinical assignment. See the program handbook for more information.
3. Students are required to take a comprehensive self-assessment exam in their final semester. Fees for this exam are assessed in the final semester.
4. Students are required to have approved uniforms, shoes, lab coat, stethoscope, and a watch capable of reading seconds.
5. Students will complete American Heart Association BLS, ACLS, and NRP courses as they progress through the program. Fees for these courses are assessed as required. See the program handbook for more information.
6. Student membership in the American association for Respiratory Care is strongly recommended. Student membership fees are \$50.00
7. Students will be required to undergo a criminal background check before clinical assignment. Darton State College uses a company called PreCheck for this purpose. Fees for this background check are assessed during the first semester of the professional curriculum.
8. Students will be required to complete a drug screen prior to clinical assignment. The Respiratory program currently uses Doctors Lab for this purpose. Students will be required to pay the laboratory for and complete this drug screen before attending any clinical rotations.
9. Students will be required to be fingerprinted prior to clinical assignment. This may be completed at their local sheriff's office. Cost will vary.
10. Students must be prepared to travel to out of town clinical assignments. These are not optional and the student is responsible for the costs of travel to these out of town facilities. See the program handbook for more information.

Respiratory Care 0366

Course List

Course	Description	Credit Hours	
	Fall 1		
ENGL 1101	English Composition 1	3	
MATH 1111*	College Algebra	3	
POLS 1101	American Government	3	
PSYC 1101	General Psychology	<u>3</u>	
		12	
	Spring 1		
CHEM 1151*	Survey of Chemistry	4	
BIOL 1100K*	Anat and Phys for Health Care	4	
Humanity Elec	Humanities Elective	3	
ALHE 1120	Medical Terminology	<u>1</u>	
		12	
	Summer 1		
PHSC 1011K*	Physical Science I	4	
BIOL 2115	Microbiology	<u>4</u>	
		8	
	Fall 2		
RESP 1100	Intro to Respiratory Care	1	
RESP 1111	Fundamentals of Resp Care	3	
RESP 1131	Patient Assessment	4	
RESP 1133	CardioPulm Anat & Phys	3	
RESP 1134	Cardiopulmonary Disease	<u>2</u>	
		13	
	Spring 2		
RESP 1132	Pharmacology	2	
RESP 1135	Mechanical Ventilation	5	
RESP 1136	Peds & Neonatal Resp Care	2	
RESP 1137	Specialized Resp Care	2	
RESP 1138	ACLS	<u>2</u>	
		13	
	Summer 2		
RESP 2201	Clinical Practicum 1	5	36x8
RESP 2205	Clinical Professionalism	<u>1</u>	
		6	
	Fall 3 A-Term		
RESP 2210	Clinical Practicum 2	5	36x8
	B-Term		
RESP 2220	Clinical Practicum 3	5	36x8
RESP 2330	Credential Prep	<u>1</u>	
		11	
	Total	75	

*Students may take Math 1001 Quantitative Reasoning or Math 1101 Math Modeling in place of College Algebra

*Students may take BIOL 2111 and 2112 in place of BIOL 1100k

*Students may take CHEM 1211 and 1212 in place of CHEM 1151

*Students may take PHYS 1111 in place of PHSC 1011k

Total Credit Hours 75

APPLICATION FORMS

**Darton State College
Respiratory Care Program**

Admission Checklist

Name: _____

Address: _____

Phone: _____

SSN: _____

Darton State College Application Packet Sent: Date: _____

All Transcripts Sent: Date: _____

Darton State College Admission: Date: _____

Respiratory Care Application: Attached _____

Hospital Visitation Form: _____

Personal Reference Form: 1. _____

2. _____

3. _____

Goals Essay: _____

Health Questionnaire: _____

Immunization Form: _____

For Program Use Only

SAT / ACT Score (If Applicable) _____

Acceptance Date: _____

For Class Beginning: _____

**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 Dorms on campus)

Signature of Physician or Health Dept. Official

Date

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 applicant's 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**

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: _____

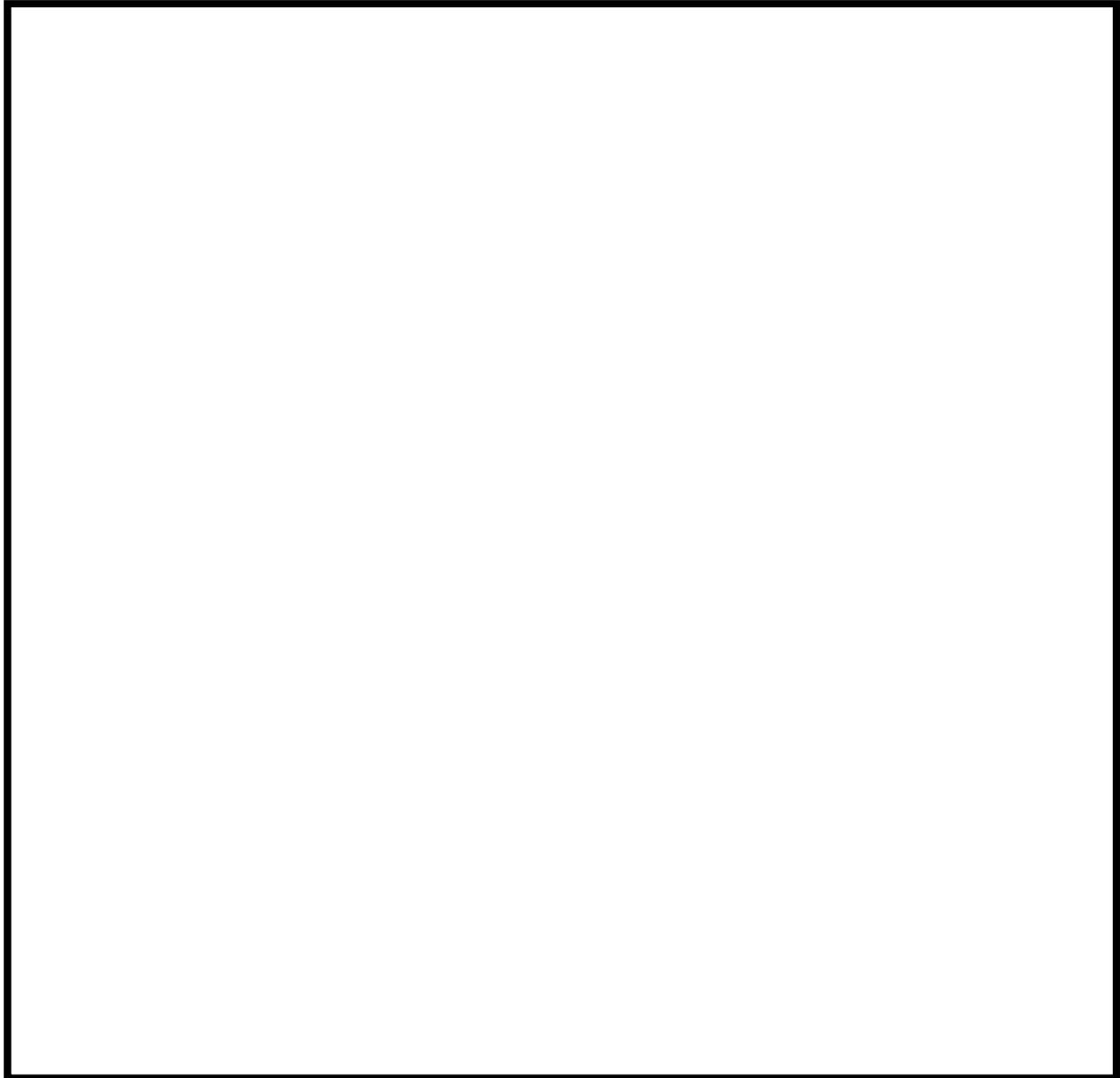
Date: _____

Darton State College Respiratory Care Program

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 provided 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?

A large, empty rectangular box with a thick black border, intended for the student to write their handwritten essay response to the topic.

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

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

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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

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

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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

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Signature: _____ Date: _____

Name: _____

Title: _____

Institution: _____

Address: _____

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

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 _____