



HOW TO REACH US:
ADMISSIONS: 740.568.1900

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Medical Director
Dr. Robert McKinley, MD

MAIL:
710 Colegate Drive
Marietta, OH 45750

CLINICAL SITES:
The Arbors of Marietta
Camden Clark Medical Center
Genesis Health Care Systems
Dr. Gondalia
Fairfield Medical Center
Jackson General Hospital
Marietta Memorial
Hospital (MHS)
Marietta Memorial Hospital,
Belpre ER (MHS)
Selby General Hospital (MHS)
Medical Services Company
Nationwide Children's Hospital
Rainbow Babies, Cleveland
Southeastern Ohio Regional
Medical Center

- CAREER OPPORTUNITIES:**
- Work with all ages, from newborns to geriatric patients
 - Routine care, critical care, intensive care, or emergency department settings

IT'S A FACT:
Nearly 70% of Washington State students receive financial aid.

Revised 11/2019

Respiratory Therapy

THE RESPIRATORY PROGRAM:

Respiratory therapists are an important part of the health care team. Their crucial role in treating and caring for a variety of cardiopulmonary illnesses continues to become more specialized and technical, while demand for their services is increasing. Respiratory therapists perform important life support functions, in consultation with physicians.

The Respiratory Therapy program, (CoArc #200436), awards a two-year Associate of Applied Science from Washington State Community College, 710 Colegate Drive, Marietta, OH, 45750, and is accredited by the Commission on Accreditation for Respiratory Care (www.coarc.com), 264 Precision Blvd, Telford, TN 37690, Ph. # (817) 283-2835. **For program outcome data:**

<http://www.coarc.com/Students/Programmatic-Outcome-Data.aspx>

Upon successful completion of the program, graduates are eligible for the "Entry" level Therapist Multiple Choice (TMC) exam. The "Entry" level exam has two "cut scores". If the student passes the lower "cut score", they will be a Certified Respiratory Therapist (CRT). If they achieve the higher "cut score", they will also be eligible to take the Registry Clinical Simulation Exam. If they pass the second exam, they will be a Registered Respiratory Therapist (RRT).

PROGRAM GOAL:

The program goal is to graduate competent advanced-level Respiratory Therapists as demonstrated by their 1. Professional behavior, 2. Knowledge and 3. Clinical skills.

The goals are demonstrated by the students' ability to:

- 1a. Communicate with patients, physicians, and health care workers.
- 1b. Continue as an independent learner.
- 1c. Demonstrate knowledge of Respiratory Therapy management
- 1d. Demonstrate a knowledge of human behavior, value system & world awareness.
- 2a. Demonstrate the knowledge of the fundamentals of cardiopulmonary anatomy physiology and pathology and the use of critical thinking.
- 2b. Demonstrate the knowledge of the function & problem solving in Respiratory Therapy
- 3a. Demonstrate a knowledge and understanding of the following procedures and demonstrate clinical skills with the ability to assess patients' response to therapy, which includes, but is not limited to the following procedures: Medical gas therapy, Humidification therapy, Deep breathing and other hyperinflation therapy, Aerosol therapy, Medications, Coughing techniques and other bronchopulmonary hygiene, Cardiopulmonary resuscitation and Advance Life Support Therapy, Airway management, Heart and lung testing, Blood gas analysis, Mechanical ventilation management, Other vital physiological monitoring

EMPLOYMENT OPPORTUNITIES:

Hospitals Skilled Nursing Facilities Medical Sales, (DME)
Nursing Homes Home Care

Sub-specialties, including exercise testing, pulmonary rehabilitation, assisting physicians with procedures—such as bronchoscopy & pulmonary function tests, and diagnostic testing and sleep studies

RESPIRATORY THERAPY

GENERAL EDUCATION COURSES			CREDITS
ENGLISH COMPOSITION			
ENGL	1510	English Composition I	3
ENGL	-----	Elective (ENGL-1515 or higher)	3
SOCIAL AND BEHAVIORAL SCIENCES			
-----	----	Elective	3
MATH			
MATH	1050	Math for Health Sciences	2
MATH	1101	Respiratory Math	1
NATURAL SCIENCES			
BIOL	2010	Basic Microbiology	2
BIOL	201L	Basic Microbiology Lab	1
BIOL	1310	Anatomy & Physiology I (or higher)	2
BIOL	131L	Anatomy & Physiology I Lab (or higher)	1
BIOL	1320	Anatomy & Physiology II (or higher)	2
BIOL	132L	Anatomy & Physiology II Lab (or higher)	1
HLTH	1020	Basic Health Sciences	2
RESP	1330	Cardiopulmonary Anatomy & Physiology	2
RESP	2510	Cardiopulmonary Pathology I	3
HEALTH CORE			
HLTH	2400	EKG/Cardiovascular Technician	2
RESP	1100	Intro to Respiratory Care	2
RESPIRATORY THERAPY MAJOR			
RESP	1210*	Cardiopulmonary Pharmacology	2
RESP	1250*	Medical Gas Administration	4
RESP	1350*	Clinical Practice I	1
RESP	1360*	Advanced Cardiopulmonary Resuscitation	1
RESP	2450*	Clinical Practice II	1
RESP	2460*	Arterial Blood Gases	1
RESP	2500*	Respiratory Critical Care I	2
RESP	2520*	Cardiopulmonary Pathology II	1
RESP	2550*	Clinical Practice III	2
RESP	2600*	Respiratory Critical Care II	3
RESP	2610*	Respiratory Pediatrics & Neonatology I	2
RESP	2620*	Respiratory Pediatrics & Neonatology II	2
RESP	2700*	Assessment of Pulmonary Functions	2
RESP	2730*	Pulmonary Rehab & Subspecialties	2
RESP	2750*	Clinical Practice IV	2
RESP	2800*	Cardiology & Hemodynamic Monitoring	2
RESP	2990*	Respiratory Capstone	3
RECOMMENDED ELECTIVES			
BUSM	1600	PC Applications	3
HLTH	1810	Medical Terminology I	2
RESP	2850	Polysomnography	2

Admission to the Respiratory Therapy Program is limited and admission is done on a selective basis. Applicants are urged to apply early. The class will be filled on a **first-come, first-served basis** by students, who qualify with a grade of "C" or higher in High School Algebra, Biology, and Chemistry. Admission documents include the following: **numbers 2, 3, 4, 5, and 6** below which need to be **returned to Rob Kinker in one envelope. (When prerequisites are complete, submit # 7 below).**

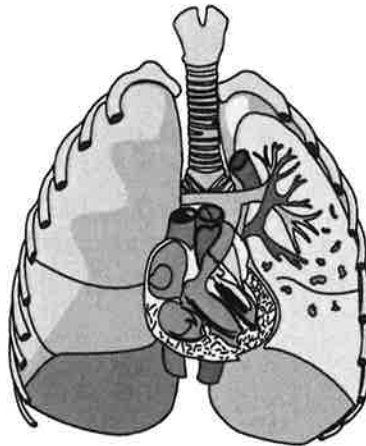
ENTRANCE REQUIREMENTS:

1. Complete a Washington State Community College Application for Admission
2. Complete the Respiratory Therapy Program application (no fee) & First-come, First-serve Acknowledgement
3. Submit short **ESSAY**
4. Submit college transcripts if applicable.
5. Submit an official high school transcript or GED certificate
6. Submit three (3) non-family references
7. Transcripts showing completion of prerequisite courses in High School Algebra, Biology, and Chemistry or higher with a grade of "C" or better.
8. Contact the Respiratory Therapy Director after all forms have been submitted.
9. In the event that two or more qualified applicants complete the prerequisites at the same time, the applicant(s) whose required information, other than prerequisite courses was submitted first will be accepted first.
10. Upon acceptance, the applicant will be required to complete the following health requirements: complete physical; specified laboratory tests; immunizations; criminal background check; drug testing, and the ability to satisfactorily complete program objectives
11. Submit a copy of current CPR certification (AHA Healthcare Provider) which includes adult, child, and infant CPR, Heimlich maneuver and AED.

To be eligible for graduation, a student must complete all courses listed on Audit Sheet with a passing grade of "C" or better and maintain a cumulative G.P.A. of at least 2.0



RESPIRATORY THERAPY



Admission Procedure

The applicant must be accepted to Washington State Community College. College application may be completed on the web-site (wscce.edu) or mailed to Student Services.

The applicant must also:

1. Be a High School Graduate or possess a GED.
2. Have a "C" or better in High School Algebra, Biology, and Chemistry **- or -** MATH Equivalent, BIOL 0955 & BIOL 095L, CHEM 0955 & CHEM 095L or higher
3. Take the placement exam (unless you have taken college classes above the High School level in Algebra and English).
4. Submit to Program Director:
 - a. Program application.
 - b. Short Essay
 - c. High School Transcript (& official college transcripts if applicable) to Rob Kinker.
 - d. Three References (forms provided) (mail all three together).
 - e. First-come, First-serve Acknowledgement
5. Mail all (4a, 4b, 4c, 4d, 4e) together in **ONE** envelope to Rob Kinker.

*Physical Exam/History, Lab work, immunizations, criminal background checks, drug testing, & other requirements are due after admission.

Admission is "***First-Come-First-Serve***" in the event of a tie; the applicant with the earliest date on the program application will be accepted first. The number of students accepted to the program is 24. This number may be decreased as determined by the Program Director in consultation with the Dean of Health Sciences and dependents on available resources and accreditation guidelines.

TECHNICAL STANDARDS (Summary)

Students entering the RTT program should be able to perform the following essential functions. The qualifications in the program and the listing below are representative of the skills and/or duties required. Reasonable accommodations may be made to enable an individual with a disability to perform the essential functions.

- 1. vision ability sufficient to read, see near/far, depth perception, peripheral vision and color vision**
- 2. able to read, write and perform basic mathematical computations**
- 3. able to communicate interpersonally (hear/speak) and via telephone**
- 4. able to problem-solve clinical/technical problems**
- 5. able to stand for up to 3 hours per shift**
- 6. able to walk for up to 3 hours per shift**
- 7. able to sit for up to 1 hour per shift**
- 8. able to push (on wheels) patients weighing up to approximately 300 lbs**
- 9. able to kneel/squat/stoop/crouch for up to 1 hour per shift**
- 10. able to reach/pull up to 1 hour per shift**
- 11. able to manipulate objects, tools and equipment by grasping with one/both hands, thumb/forefinger, twist hand/wrist**
- 12. able to hear (auscultate) breath / heart sounds**
- 13. able to sense temperature, palpate a pulse, vibrations**

There is also exposure to the following:

- 1. moderate heat (> 75 degrees) - frequent**
- 2. chemicals, vibrations, radiation - frequent**
- 3. contagious diseases/conditions - occasional**
- 4. fumes - occasional**
- 5. body fluids and objects contaminated with body fluids - occasional**
- 6. blood and objects contaminated with blood - occasional**



RESPIRATORY THERAPY PROGRAM

Statement of Acknowledgement of "First-come-first-serve" policy

I, _____ am signing this statement to verify that I understand the "First-come-first-serve" policy of the Respiratory Therapy, (RT) Program at Washington State Community College. I realize the "First-come-first-serve basis" means, that I will be accepted only after my application file is complete. I am aware that my application file is **NOT** complete until I have completed and confirmed Rob Kinker has received a copy of the following in **ONE ENVELOPE**:

1. Completed Washington State Community College Application
2. Completed Respiratory Therapy application & this form
3. Three completed Respiratory Therapy reference forms
4. Short Essay
5. Final High School Transcript
6. Transcript/s with the grades in High School Algebra, Biology, and Chemistry or higher with a "C" or better
7. Complete the Accuplacer Exam, (with an algebra score placement higher than MATH Equivalent) or send college transcripts with Algebra (or Math Equivalent) and English with a "C" or better. MATH requirement is the prerequisite to BIOL 0955/BIOL 095L and CHEM 0955/CHEM 095L
8. Confirm with Rob Kinker that you have sent all of the above material

Be sure **all Transcripts, References, Essay, and RT Application are all send in **ONE** envelope.

I realize that I am responsible getting the above information to Rob Kinker and confirming that he has received this information required to complete my application file. I realize that it is possible that the RT program could be full at the time I complete my required prerequisites.

Pre-Respiratory Therapy Student's printed name

Pre-Respiratory Therapy Student's Signature

Date



APPLICATION TO RESPIRATORY THERAPY PROGRAM

Admission into the Respiratory Therapy Technology program is conducted on a selective basis and it is ***“First-Come-First-Serve”*** basis. The following items must be submitted to the Washington State Community College Admissions Office in order to be considered for admission:

1. This supplemental Respiratory Therapy Application.
2. Washington State Community College Admission Application.
3. Three Reference Forms
(SEND THE ABOVE FORMS IN ONE ENVELOPE TO ROB KINKER)
4. Official transcripts from high school (GED test results if not a high school graduate) and any post-secondary institutions you have attended.

Date of Application _____

I would like to do my clinical experience primarily in the: Mid Ohio Valley____ Zanesville Area____

Name _____

Address _____

Social Security Number ____ - ____ - _____

Telephone: (____) _____

Cell Phone: (____) _____



WASHINGTON STATE
COMMUNITY COLLEGE
Be Inspired. #BeWSCC

710 COLEGATE DRIVE | MARIETTA, OH 45750 | 740.374.8716 | WWW.WSCC.EDU

- In the space below, please **WRITE A SHORT ESSAY** explaining why you want to become a Respiratory Therapist.

Washington State Community College - Application for Admission



WASHINGTON STATE
COMMUNITY COLLEGE

- Read this entire form and complete ALL information. Make certain information is correct and complete.
- Submit the appropriate high school transcript or copy of GED and transcript(s) of courses taken at colleges and/or universities/or military.
- Return the completed application to the admissions office in the Main Building.
- An additional health sciences program application must be filled out for each health sciences program.

710 Colegate Dr.
Marietta, OH 45750
740.374.8716
www.wsccl.edu

PERSONAL INFORMATION			
First name	MI	Last name	Maiden Name (if different than current)
Mailing address			
City	State	Zip/postal code	County
Are you a U.S. citizen? <input type="radio"/> yes <input type="radio"/> no	Have you been an Ohio resident for the past 12 months? <input type="radio"/> yes <input type="radio"/> no	Social Security Number (Your SSN will only be used for administrative purposes) - - -	
If not a U.S. citizen, country of legal citizenship:		INS classification: <input type="radio"/> Permanent Resident (Green card) <input type="radio"/> Student Visa	Permanent Resident Alien Registration Number:
E-mail address			
Cell phone ()	Home phone ()	Work phone ()	
The following information is required of the college to comply with the U.S. Department of Education reporting requirements and for other statistical purposes. This information is not used in either college or program admissions decisions.			
Date of birth (mm/dd/yyyy)	Gender: <input type="radio"/> male <input type="radio"/> female	Marital status: <input type="radio"/> divorced <input type="radio"/> married <input type="radio"/> separated <input type="radio"/> single <input type="radio"/> widowed	
Ethnic Group <input type="radio"/> Hispanic/Latino <input type="radio"/> Non-hispanic/Non-Latino	Specify your race (select all that apply) <input type="radio"/> American Indian/Alaska Native <input type="radio"/> Asian <input type="radio"/> White <input type="radio"/> Black/African American <input type="radio"/> Native Hawaiian/Other Pacific Islander		
How did you hear about us? <input type="radio"/> alumni <input type="radio"/> billboard <input type="radio"/> current student <input type="radio"/> Facebook <input type="radio"/> family <input type="radio"/> friend <input type="radio"/> Internet <input type="radio"/> Movie Theater Preview <input type="radio"/> newspaper <input type="radio"/> radio <input type="radio"/> television <input type="radio"/> WSCC admissions <input type="radio"/> other			
PREVIOUS EDUCATION <small>(All fields are required)</small>			
Did either parent graduate from a four-year college/university? <input type="radio"/> yes <input type="radio"/> no			
If you are attending or graduated from a vocational or technical education program, please list it below:		Start Year	End Year
Please indicate if you were a member of a TRIO program during high school <input type="radio"/> Educational Talent Search <input type="radio"/> Upward Bound <input type="radio"/> None			
Please check your High School status: <input type="radio"/> High School Diploma <input type="radio"/> GED <input type="radio"/> Still in High School <input type="radio"/> Other			
Graduation or GED date:		High school last attended:	
OTHER UNIVERSITY OR COLLEGES ATTENDED			
1)		Start Year:	End Year:
2)		Start Year:	End Year:
3)		Start Year:	End Year:
IMPORTANT: List all colleges/universities previously attended if you will be providing official transcripts for transfer of credit.			
Are you a transient student? <input type="radio"/> yes <input type="radio"/> no			
<small>(Transient students are students attending another college who plan to enroll at WSCC and transfer the credits back to the other college.)</small>			

NOTICE: YOU MUST COMPLETE PAGE 2 OF THIS APPLICATION

COLLEGE PLANS (All fields are required)

When do you plan to start attending WSCC?
 Fall Spring Summer Year: _____

What is your academic intent?
 Associate degree for job Personal interest* Transfer to 4-year college before completing a degree*
 Associate degree for transfer Take non-credit course(s)* Upgrade skills*
 Obtain a certificate Train for a new career* **Not financial aid eligible*

Do you plan to attend:
 full-time part-time uncertain

Are you a: active duty service member dependent/spouse/child of active duty service member Do you intend to use VA benefits?
 veteran dependent/spouse/child of veteran not applicable yes no

Consent to receive text messages?
 yes no

PLEASE SELECT ONE PROGRAM OF STUDY FROM THE LIST BELOW:

Auto & Diesel

- Automotive Technology
 - Automotive Service
 - Automotive Technician*
 - Diesel Truck Systems
 - Truck Maintenance*

Business & IT

- Accounting Technology
 - Accounting
 - Accounting*
- Business Management
 - On Campus
 - Online
- Digital Technology
 - Computer Support Technician
 - Computer Systems*
 - Cyber Security & Investigation
- Office Administrative Service Technology
 - Executive Administrative Assistant
 - Executive Office Support*
 - Medical Administrative Assistant
 - Medical Coding*

Engineering & Industrial Technologies

- Electrical Engineering Technology -
Instrumentation Control & Electrical
- Industrial Technology
 - Chemical Operator (online)*
 - Industrial Technology
 - Multi-Craft*
 - Process Technician (online)
 - Welding
 - Welding*
- Robotics & Mechatronics Technology

Health

- Health & Wellness Technology
Area of Interest:
 - Associate Degree Nursing
 - Massage Therapy*
 - Medical Laboratory Technology
 - Physical Therapist Assistant Technology
 - Practical Nursing*
 - Radiologic Technology
 - Respiratory Therapy Technology

Law & Public Safety

- Criminal Justice Technology
 - Criminal Justice
 - Peace Officer Basic Academy
 - Peace Officer Basic Academy*
- Social Services Technology

Transfer

- Biological Science Transfer
- Business Administration
- Education
 - Early Childhood
 - Middle Childhood
 - Young Adult
- General Sciences
- Liberal Arts
- Social Services
- Associate of Individualized Studies

Certificates of Completion

- (less than one year - not eligible for financial aid)*
- Peace Officer Basic Academy
 - Private Security

*** Denotes a 1-year certificate program**

NOTE: You must be admitted into a degree or certificate program to receive financial aid or VA benefits.

To the best of my knowledge every statement made by me as part of this application is complete. I realize that deliberate falsification of this application could be sufficient grounds for dismissal from the college. I understand it is my responsibility to notify the Office of Admission of any changes in the information contained in the application.

Washington State Community College follows an open admission policy, except in health sciences programs. This form is not used to evaluate a student for admission; it is for information in the maintenance of student records. An additional application must be filed for each of the health sciences programs. No person is excluded from participation in or denied benefits from any program or opportunity at Washington State Community College on the basis of race, color, gender, disability, religion, ancestry or national origin.

I agree to let Washington State Community College, its subsidiaries and its agents publish or make other public use of my photograph, video and/or other reproductions. Washington State has the responsibility of inspecting, approving and selecting these for their use. Washington State will not make any deliberate distortion or other alteration to these items. I agree not to hold Washington State liable for any distortion or other alteration that may result.

Applicant's signature _____

Date _____

**WASHINGTON STATE COMMUNITY COLLEGE
HEALTH SCIENCES
RECOMMENDATION FORM**

NAME OF APPLICANT: _____

COMPLETE ADDRESS: _____

Please check the appropriate program.

ADN **LPN** **MLT**
 MT **PTA** **RTT**

The above named applicant has applied for admission to a health science program at Washington State. I would appreciate your assistance in evaluating this applicant by completing this form and returning it to the address listed below. Replies will NOT be confidential and will be furnished to the applicant upon request.

**Washington State Community College
ATTN: Director of Respiratory Therapy
710 Colegate Drive
Marietta, OH 45750**

How long have you known the applicant? _____

In what capacity or relationship? _____

Please circle the most appropriate point on the scale
(1 = poor, 2 = fair, 3 = average, 4 = above average, 5 = excellent) for the following characteristics:

PERSONAL HYGIENE	1	2	3	4	5	Please make additional comments or remarks on the lines provided below if necessary. Date: _____ Name: _____ Address: _____ _____ Phone No: _____ Signature: _____
COOPERATION	1	2	3	4	5	
GRAMMAR	1	2	3	4	5	
INITIATIVE	1	2	3	4	5	
MOTIVATION	1	2	3	4	5	
RELIABILITY	1	2	3	4	5	
RESPONSIBILITY	1	2	3	4	5	
LEADERSHIP	1	2	3	4	5	
THOROUGHNESS	1	2	3	4	5	
SELF-CONFIDENCE	1	2	3	4	5	
SOCIAL ABILITY	1	2	3	4	5	

COMMENTS: _____

References will not be accepted from family members or friends

**WASHINGTON STATE COMMUNITY COLLEGE
HEALTH SCIENCES
RECOMMENDATION FORM**

NAME OF APPLICANT: _____

COMPLETE ADDRESS: _____

Please check the appropriate program.

ADN **LPN** **MLT**
 MT **PTA** **RTT**

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(1 = poor, 2 = fair, 3 = average, 4 = above average, 5 = excellent) for the following characteristics:

PERSONAL HYGIENE	1	2	3	4	5	Please make additional comments or remarks on the lines provided below if necessary.	
COOPERATION	1	2	3	4	5		
GRAMMAR	1	2	3	4	5		
INITIATIVE	1	2	3	4	5		
MOTIVATION	1	2	3	4	5		Date: _____
RELIABILITY	1	2	3	4	5		Name: _____
RESPONSIBILITY	1	2	3	4	5		Address: _____
LEADERSHIP	1	2	3	4	5		_____
THOROUGHNESS	1	2	3	4	5		Phone No: _____
SELF-CONFIDENCE	1	2	3	4	5		Signature: _____
SOCIAL ABILITY	1	2	3	4	5		

COMMENTS: _____

References will not be accepted from family members or friends

**WASHINGTON STATE COMMUNITY COLLEGE
HEALTH SCIENCES
RECOMMENDATION FORM**

NAME OF APPLICANT: _____

COMPLETE ADDRESS: _____

Please check the appropriate program.

ADN **LPN** **MLT**
 MT **PTA** **RTT**

The above named applicant has applied for admission to a health science program at Washington State. I would appreciate your assistance in evaluating this applicant by completing this form and returning it to the address listed below. Replies will NOT be confidential and will be furnished to the applicant upon request.

**Washington State Community College
ATTN: Director of Respiratory Therapy
710 Colegate Drive
Marietta, OH 45750**

How long have you known the applicant? _____

In what capacity or relationship? _____

Please circle the most appropriate point on the scale

(1 = poor, 2 = fair, 3 = average, 4 = above average, 5 = excellent) for the following characteristics:

PERSONAL HYGIENE	1	2	3	4	5	Please make additional comments or remarks on the lines provided below if necessary. Date: _____ Name: _____ Address: _____ Phone No: _____ Signature: _____
COOPERATION	1	2	3	4	5	
GRAMMAR	1	2	3	4	5	
INITIATIVE	1	2	3	4	5	
MOTIVATION	1	2	3	4	5	
RELIABILITY	1	2	3	4	5	
RESPONSIBILITY	1	2	3	4	5	
LEADERSHIP	1	2	3	4	5	
THOROUGHNESS	1	2	3	4	5	
SELF-CONFIDENCE	1	2	3	4	5	
SOCIAL ABILITY	1	2	3	4	5	

COMMENTS: _____

References will not be accepted from family members or friends

RESPIRATORY CARE PROFESSION

Rev. 11/2019

Associate in Applied Science Degree for Direct Employment

Student: _____ TO BE ELIGIBLE FOR GRADUATION, A STUDENT MUST
 Phone #: _____ COMPLETE ALL COURSES LISTED BELOW WITH A **PASSING GRADE OF a "C"**
 OR BETTER AND MAINTAIN a **CUMULATIVE GPA OF AT LEAST 2.0.**
 Date Enrolled: _____ ***You cannot be accepted with less than a 2.0 GPA.***

***Program Prerequisites "C" or higher in the following courses:**

1. High School Algebra or Equivalent or Higher
2. High School Chemistry or CHEM 0955 & CHEM 095L or Higher
3. High School Biology or BIOL 0955 & BIOL 095L or Higher

GENERAL EDUCATION COURSES	SEMESTER CREDITS	Semester Taken	Grade
ENGLISH COMPOSITION			
ENGL 1510 English Composition I	3	_____	_____
ENGL ----- Elective (ENGL-1515 or higher)	3	_____	_____
SOCIAL AND BEHAVIORAL SCIENCES			
_____ Elective	3	_____	_____
MATH			
MATH 1050 Math for Health Sciences	2	_____	_____
MATH 1101 Respiratory Math	1	_____	_____
NATURAL SCIENCES			
BIOL 2010 Basic Microbiology	2	_____	_____
BIOL 201L Basic Microbiology Lab	1	_____	_____
BIOL 1310 Anatomy & Physiology I (or higher)	2	_____	_____
BIOL 131L Anatomy & Physiology I Lab (or higher)	1	_____	_____
BIOL 1320 Anatomy & Physiology II (or higher)	2	_____	_____
BIOL 132L Anatomy & Physiology II Lab (or higher)	1	_____	_____
HLTH 1020 Basic Health Sciences	2	_____	_____
RESP 1330 Cardiopulmonary Anatomy & Physiology	2	_____	_____
RESP 2510 Cardiopulmonary Pathology I	3	_____	_____
HEALTH CORE			
HLTH 2400 EKG/Cardiovascular Technician	2	_____	_____
RESP 1100 Intro to Respiratory Care	2	_____	_____
RESPIRATORY THERAPY MAJOR			
RESP 1250 Medical Gas Administration & Therapeutics	4	_____	_____
RESP 1210 Cardiopulmonary Pharmacology	2	_____	_____
RESP 1350 Clinical Practice I	1	_____	_____
RESP 1360 Advanced Cardiopulmonary Resuscitation	1	_____	_____
RESP 2450 Clinical Practice II	1	_____	_____
RESP 2460 Arterial Blood Gases	1	_____	_____
RESP 2500 Respiratory Critical Care I	2	_____	_____
RESP 2520 Cardiopulmonary Pathology II	1	_____	_____
RESP 2550 Clinical Practice III	2	_____	_____
RESP 2600 Respiratory Critical Care II	3	_____	_____
RESP 2610 Respiratory Pediatrics and Neonatology I	2	_____	_____
RESP 2620 Respiratory Pediatrics & Neonatology II	2	_____	_____
RESP 2750 Clinical Practice IV	2	_____	_____
RESP 2700 Assessment of Pulmonary Functions	2	_____	_____
RESP 2730 Pulmonary Rehab & Subspecialties	2	_____	_____
RESP 2800 Cardiology and Hemodynamic Monitoring	2	_____	_____
RESP 2990 Respiratory Capstone	3	_____	_____
Recommended Electives:			
BUSM 1600 PC Applications	3	_____	_____
HLTH 1810 Medical Terminology I	2	_____	_____
RESP 2850 Polysomnography	2	_____	_____

RESPIRATORY CARE PROFESSION

PREREQUISITES ("C" OR HIGHER)

HIGH SCHOOL ALGEBRA **OR** Equivalent or Higher
 HIGH SCHOOL BIOLOGY **OR** BIOL 0955 & BIOL 095L
 HIGH SCHOOL CHEMISTRY **OR** CHEM 0955 & 095L

SEMESTER III

HLTH 2400 EKG/CARDIOVASCULAR TECHNICIAN (2) 1-3
 RESP 2450 CLINICAL PRACTICE II (1) 0-8
 RESP 2500 RESPIRATORY CRITICAL CARE I (2) 1-3
 RESP 2610 RESPIRATORY PEDIATRICS & NEONATOLOGY I(2) 1-3

SEMESTER I

BIOL 1310 ANATOMY & PHYSIOLOGY I (1ST 8-WK) (2) 2-0
 BIOL 131L ANATOMY & PHYSIOLOGY I LAB (1ST 8-WK) (1) 0-2
 BIOL 1320 ANATOMY & PHYSIOLOGY II (2ND 8-WK) (2) 2-0
 BIOL 132L ANATOMY & PHYSIOLOGY II LAB (2ND 8-WK) (1) 0-2
 ENGL 1510 ENGLISH COMPOSITION I (3) 2-2
 HLTH 1020 BASIC HEALTH SCIENCES (2) 2-0
 MATH 1050 MATH FOR HEALTH SCIENCE (2) 2-0
 _____ SOCIAL & BEHAVIORAL SCIENCE ELECTIVE (3) 3-0

SEMESTER IV

MATH 1101 RESPIRATORY MATH (1) 1-0
 RESP 1360 ADV. CARDIOPULMONARY RESUSCITATION (1) 0-3
 RESP 2510 CARDIOPULMONARY PATHOLOGY I (3) 3-0
 RESP 2550 CLINICAL PRACTICE III (2) 0-15
 RESP 2600 RESPIRATORY CRITICAL CARE II (3) 2-3
 RESP 2620 RESP. PEDIATRICS & NEONATOLOGY II (2) 1-3
 BIOL 2010 BASIC MICROBIOLOGY (2) 2-0
 BIOL 201L BASIC MICROBIOLOGY LAB (1) 0-3
 RESP 2460 ARTERIAL BLOOD GASES (1) 1-0

SEMESTER II

RESP 1100 INTRO TO RESPIRATORY CARE (2) 1-3
 RESP 1210 CARDIOPULMONARY PHARMACOLOGY (2) 1-3
 RESP 1250 Medical Gas Administration & Therapeutics (4) 3-3
 RESP 1330 CARDIOPULMONARY ANA. & PHYS. (2) 1-3
 RESP 1350 CLINICAL PRACTICE I (1) 0-5
 ENGL 1515 TECHNICAL WRITING (or Elective) (3) 3-0

SEMESTER V

RESP 2520 CARDIOPULMONARY PATHOLOGY II (1) 0-3
 RESP 2700 ASSESSMENT OF PUL. FUNCTIONS (2) 1-3
 RESP 2730 PULMONARY REHAB & SUBSPECIALTIES (2) 2-0
 RESP 2750 CLINICAL PRACTICE IV (2) 0-15
 RESP 2800 Cardiology & Hemodynamic Monitoring (2) 2-0
 RESP 2850 POLYSOMNOGRAPHY (elective) (2) 2-0
 RESP 2990 RESPIRATORY CAPSTONE (3) 3-0