

This policy and procedure describes the requirements, selection process, and admission status types for the respiratory therapy program at NPCC.

1. General Statements

- a. Curriculum is offered on a full-time basis only. There is no provision for part-time study. Only applicants that have the status of full admission are allowed to begin the course work. Curriculum always begins in the fall semester and runs continuously for the following 22 months culminating in May graduation. Admission is only granted for the calendar year. If an applicant with the status of full admission does not enter the program they have to re-apply for the following calendar year. Admissions are competitively based. Admissions may proceed up to August until the incoming class is full.

2. Admission Requirements – Application process for the Respiratory Therapy Program is selective. The deadline to apply is May 1st of the calendar year. A student who applies to the Respiratory Therapy Program must meet all of the following requirements:

- a. Gain college admissions.
- b. Be in good academic and financial standing.
- c. Complete the prerequisite courses prior to taking any respiratory therapy classes:
 - i. College Algebra, Anatomy and Physiology I and II, Chemistry of Non-majors, and Microbiology. A grade of C or better is required in ALL prerequisite classes.
- d. Complete a TB skin Test. This is necessary for the professional observation experience as well as for access to clinical sites while progressing through the curriculum.
- e. Complete a minimum 2 hour observation : “Professional Observation Verification Form” experience at a local facility and complete the Shadowing Experience’ form. Division of Health Sciences Administrative Secretary will arrange this shadowing experience when the completed application is on file.
- f. Attend all orientation meetings.
- g. Following acceptance, students must have a clear background check and drug screen on file.
- h. Following acceptance, students must have appropriate documentation for all required medical test and required immunizations.
- i. General education courses required for degree completion: English Composition 1 and II, Introduction to Computing I and II, Introduction to the Internet, and General Psychology. A grade of C or better is required in ALL general education classes.

3. A student who applies for the Respiratory Therapy Program must have all of the following documents on file for consideration:

- a. Completed Respiratory Therapy Application with all supporting documents which includes unofficial transcripts and “RT Application General Education Attachment”
- b. Completed “Professional Observation: Respiratory Therapy Shadowing” form
- c. Applicants are informed of their admission status by June 1.

4. Selection Process

- a. All forms, documents and requirements complete.
- b. Priority is given to applicants that have successfully completed all prerequisites the first time they enroll in the course.
- c. For those applicants that have priority status, they will be ranked by their cumulative GPA on the following classes: College Algebra, Anatomy and Physiology I, Anatomy and Physiology II, Chemistry, Microbiology, English Composition I, English Composition II, Computing I, Computing 2, Introduction to the Internet, and Psychology.

5. Admission Status

a. Full Admission

- i. To gain full admission all forms must be fully completed and received by the Division of Health Sciences.
- ii. The cumulative GPA on the ranked classes needs to be a 3.0 or greater.
- iii. Full admission is offered starting at the highest ranked candidate and continues sequentially with the next highest ranked candidate until all available slots are filled.
- iv. If there are slots available after all full admission candidates have been ranked, the process continues with the Alternate candidate pool.
- v. Only applicants that have full admission and met the Program requirements can begin the respiratory therapy course work.

b. Alternate Admission

- i. Applicants will be admitted with the status of 'Alternate' if they have not completed all required prerequisite but can complete the remaining prerequisites by the fall semester or their GPA on ranked courses in less than 3.0 but greater than 2.75. All other requirements must be met. Alternate admission does not guarantee Full admission status will be granted. Candidates with the Alternate Admission status will only be granted full admission if there are seats available and they meet all other admission requirements. Otherwise there status is changed to denied.

c. Denied Admission

- i. Applicants that do not meet the requirements of Full, or Alternate status will be denied admission.
- ii. Once Full, or alternate status has been granted, the program reserves the right to change the status to Denied if any of the requirements are not completed or were obtained fraudulently.

d. Accept/Decline STATUS Admission

- i. Once the applicant has been offered the status of Full or Alternate admission they can accept or decline their status.

e. Withdrawn Admission

- i. This is an applicant initiated process. This allows the applicant to withdraw their application for the calendar year.



National Park Community
lege
101 College Drive
Hot Springs, Arkansas 71913
(501) 760-4222 or (800) 760-

Respiratory Therapy Application Form

PLEASE PRINT OR TYPE

Date: _____

Social Security # _____ - _____ - _____

Print Name in Full _____

Last Name

First Name

Middle Name

☐ Work Telephone _____ ☐ Home Telephone _____ ☐ Cell Number _____

(Please check the box of the number for your primary contact)

Present Address _____

Number & Street

City

State

Zip Code

Date of Birth _____

Are you a U.S. Citizen? ☐ Yes ☐ No

High School Graduation: _____

School Name
State

City

Date of High School Graduation _____ Month _____ Year

GED Certification ☐ Yes ☐ No

If you have attended another college, university, or other schools, please list below.

Name of Institution	City & State	Dates (From - To)	Degree Received

Transcripts on file ☐ Yes ☐ No

Have you enrolled in a respiratory therapy program previously? ☐ Yes ☐ No

If yes, date and place

Have you previously made application to this respiratory therapy program? ☐ Yes ☐ No

Date _____

List Work Experience:

Employer	Location	Dates (From - To)	Description of Work

How did you hear about this course?

Because a person can find it difficult, if not impossible, to obtain a License to practice as a Respiratory Therapist under certain conditions, please answer the following questions.

1. Have you ever been convicted of a felony or a misdemeanor? ☐ Yes ☐ No
2. Do you have a felony charge pending? ☐ Yes ☐ No If yes on either of these questions, submit an explanation to the Director of the Respiratory Therapy Program.

On a separate sheet of paper, please answer the following question:

1. Give your reasons for choosing respiratory therapy as a career.
2. The respiratory therapy courses are very time intensive. What have you done to prepare to meet this schedule?

Please attach to the application.

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY: 8:00 a.m. - 4:00 p.m.

Name _____ Telephone _____
Number _____

Falsifying any records pertinent to this application can lead to ineligibility or immediate dismissal from the respiratory therapy program.

IMPORTANT INFORMATION

I understand that the health care industry requires drug testing upon employment and random testing throughout employment. Also, I understand that the Substance Abuse Policy at NPCC Respiratory Therapy Program may require drug testing during my enrollment for the following reasons: 1) scheduled testing at unannounced designated times throughout the program 2) random testing as required by the clinical agencies or 3) for cause.

Signature _____ Date: _____

Are you applying to more than one health science/nursing program for the summer/fall of 2013?
☐ Yes ☐ No. If yes, how many ____ (EX: if you are applying at the NPCC RT and another program, count this as 2).

This information does not influence your admission status – it serves to provide state information regarding number of students interested in pursuing a degree in health science or nursing. Thank you.

National Park Community College does not discriminate on the basis of race, color, national origin, sex or qualified handicap in any of its policies, practices or procedures. This provision includes but is not limited to admissions, employment, financial aid and other educational services. Inquiries regarding Title IX, ADA, and Section 504 should be directed to the Vice President for Student Services in the Gerald Fisher Building (501-760-4203)



National Park Community College Respiratory Care Program

Professional Observation Verification Form

In order to be eligible for admission, it is required that the applicant complete a supervised observation through a busy respiratory care department. A licensed respiratory care practitioner must supervise the observation. The applicant is required to observe procedures expected to be performed by a respiratory care practitioner.

Applicant Name: _____
Please Print

Following the Respiratory Care observation, please ask the Respiratory Care Practitioner who conducted the tour to complete Section B of this form. Submit the completed Professional Observation Verification Form with your application.

Section B: To be completed by the Respiratory Care Practitioner conducting the observational tour.

RCP NAME: _____
(Please Print)

Signature _____

Title _____

Hospital _____

Date _____

Respiratory Care Professional Observation (page 2)

Please allow the prospective student to view at least two (2) procedures in each of the following categories, and then check the ones actually observed.

1. Non-invasive Procedures

- ☐ Oxygen/Aerosol Therapy
- ☐ Chest Physiotherapy
- ☐ Incentive Spirometry
- ☐ Intermittent Positive Pressure Breathing
- ☐ Equipment Sterilization/Decontamination
- ☐ Bedside Spirometry
- ☐ Other, please specify _____

2. Invasive Procedures

- ☐ Arterial Puncture/Analysis
- ☐ Endotracheal/Nasotracheal Suctioning
- ☐ Mechanical Ventilation
- ☐ Intubation
- ☐ Other, please specify _____

3. Diagnostic Procedures

- ☐ Chest Radiograph
- ☐ Electrocardiogram
- ☐ Pulmonary Function Studies
- ☐ Hemodynamic Monitoring
- ☐ Transcutaneous O₂ or CO₂
- ☐ Bronchoscopy
- ☐ Other, please specify _____

Any additional comments may be made in the space below:

RESPIRATORY THERAPY APPLICATION WORKSHEET

Name _____

Date _____

Please have stamped when returned to Health Science Offices

Completed by Applicant:

Required General Education Courses	Date completed or projected semester of enrollment
*Anatomy & Physiology I	
*Anatomy & Physiology II	
*Chemistry for Non-majors	
*Microbiology	
*College algebra	
English Comp I	
English Com II	
Introduction to computing I	
Introduction to computing II	
Introduction to internet	
General Psychology	

*Pre-requisites

Admission Committee Member Review With Student:

If student is not currently enrolled at NPCC? If not, have they made application and been accepted to the College?	Yes____	No____
RT Application with the RT questions answered.	Yes____	No____
Unofficial high school or GED attached	Yes____	No____
Unofficial college transcripts attached. Official transcripts have been sent to the registrar.	Yes____	No____
Understands that must complete the "Respiratory Shadowing" experience and have the Observation form on file for consideration for admission	Yes____	No____
Completed the general education date of completion: See above	Yes____	No____
Is the student currently enrolled in College? If yes, where _____		
If not an NPCC student – do you understand to send two official transcripts to the Respiratory Therapy Program Director, 101 College Dr. , Hot Spring, AR 71913	Yes____	No____
Student understands that admission to the program is conditional based on Criminal Background Check completion and clear drug screen. (All prescription drugs must have a prescription within the last 12 months.)	Yes____	No____

Signature of person reviewing application with student _____

Please copy form and give a copy to the student!

Please remember to notify the NPCC Division of Health Science secretary of any address or phone number changes.