

*Pearl River Community College
Respiratory Care Practitioner Program
2009*



Revised June 2008

Respiratory Care Practitioner Program

Dear RCP Program Applicant:

Enclosed you will find the application packet for Respiratory Care Practitioner. ***Please read the packet carefully*** as some things may have changed from last year. ***Applications will be accepted until Friday, May 1, 2009.*** All applications, ***all*** college transcripts (***including PRCC, if applicable***), and ACT scores must be received by this date in order to be considered. ***Late applications will not be accepted.*** Please note if you are a ***current PRCC student***, please fill out the ***Internal Transfer of Student Information form and take it to Admissions***, they can print you a copy of your transcript and you can include it with your application packet at no charge to you.

Items 1 – 7 must be submitted as one (1) complete packet to the RCP office by **May 1, 2009**: The completed packet should include all of the following:

1. PRCC application
2. RCP program application
3. ACT score – American College Test
4. Program Course List – *return only if you will be taking classes during spring and summer 2009*
5. Spring 2009 Mid-Term Grade Form – *return only if taking spring 2009 classes*
6. A current photo of yourself, no larger than **3 x 5**, with your name written on the back of photo.
7. Application Checklist – *please keep a copy for your records.*
8. Official transcripts from **every** college (including PRCC).
9. High school transcript or GED.

Items 8 - 9 may be sent from the school to the **RCP** office, **or** you may have them send it to you, **but, do not open it if it is sent to you**, it must be **unopened** to be considered official. *Only official copies are acceptable.* If you have it sent to you, please include it in the completed application, with the official school seal unbroken.

Please be sure all items are mailed to the following address:

*Pearl River Community College
RCP Program Office
5448 US Hwy 49 South
Hattiesburg, MS 39401*

RCP classes will begin in **August**. *Please note that if you are currently enrolled in one the seven prerequisite classes, please submit a mid-term grade form for that class, so it may be calculated towards your GPA calculation. You may submit this in April 2009.* Your GPA plays a big role in the admission process. The **minimum** GPA for consideration of admission to the RCP class must be at least a **2.50 overall for the required prerequisites**. **Before admittance into the program, applicant must have completed the prerequisite classes, please see pre-professional phase.** *These classes must be completed with a “C” or better prior to the beginning of the Fall Semester.*

If you have any questions or need further assistance, our door is always open. Please feel free to contact the RCP office at 601-554-5487, or you may call Lori Anderson, Program Director at 601-554-5521. If you get voice mail, please leave a message and someone will contact as soon as possible, or you may e-mail Ms. Anderson at landerson@prcc.edu, if you prefer.

Any career or technical student who needs accommodation for a documented disability should notify **Ms. Deborah Hewitt** in Hattiesburg at 601-554-5503 or **Ms. Barbara Mathis** in Poplarville at 601-403-1233.

Thank you,



PEARL RIVER COMMUNITY COLLEGE

RESPIRATORY CARE PRACTITIONER PROGRAM



5448 US Hwy 49 South
Hattiesburg, MS 39401
601-554-5487

THE CAREER

Respiratory Therapy is an allied health profession employed in the treatment, management, control, and care of patients with deficiencies and abnormalities associated with the respiratory system.

ABOUT THE PROGRAM

The Respiratory Therapist is taught to serve as a consultant to the physician in the treatment and management of cardio-pulmonary abnormalities and works with nurses in coordinating and implementing an overall patient care strategy. The education of the Respiratory Therapist therefore, must provide a broad background in the biological and behavioral sciences. Upon completion of those courses specified, the student will be eligible to take both Entry Level and Advanced Level Exams administered by the N.B.R.C. (National Board for Respiratory Care).

ADMISSION

All applicants **MUST** complete the required pre-requisite courses to be eligible for admittance to the Respiratory Care Program. Selection of students is very competitive and is based on ACT scores, pre-requisite course GPA, and interviews. Applications are accepted each year **until May 1**, at which time your application file **must be complete**.

ACCREDITATION STATUS

The P.R.C.C. program is accredited by the CoARC (Committee on Accreditation for Respiratory Care) and C.A.A.H.E.P. (Commission on Accreditation of Allied Health Education Programs).

FINANCIAL ASSISTANCE

Financial assistance programs are designed to assist students in meeting the costs of attending college. Pearl River Community College offers a variety of programs from federal, state, college, and private sources.

The *Financial Aid booklet* includes information, application deadlines, and regulations about the different types of assistance available at Pearl River Community College. It is important that students understand the policies regarding the assistance that is awarded to them, and to be aware of the academic requirements for maintaining eligibility.

The financial aid staff is available to assist students who have questions or need additional information. The office is open between the hours of **8:00 a.m. to 4:00 p.m.**, Monday through Friday. Their phone number is **601- 403-6801**, for Poplarville campus and **601-554-5502** for the Hattiesburg campus.

CRIMINAL HISTORY RECORD CHECK

As per Mississippi law, all persons who provide direct, hands-on medical care in a patient's/resident's/client's room or in a treatment or recovery room will be required to undergo a criminal history record check. **All** RCP students are required to complete this check. If a criminal history check does not report that a student is "**clear**", the student will not be able to complete the clinical rotations that are required for an Associate in Applied Science degree or be able to obtain a license to practice.

June 2008

ADMISSION REQUIREMENTS AND PROCEDURES

The Respiratory Care Practitioner Program is presented in **two** phases:

1. **Pre-professional** - includes all required academic curriculum classes
2. **Professional** - includes just the Respiratory Care Practitioner curriculum classes

All students must complete all of the Pre-professional courses prior to beginning the Professional Phase. These courses should be complete prior to application to the program, but must be complete prior to beginning the professional phase in August.

Pre-professional Phase Admission Policy

Persons seeking to complete the Pre-professional requirements for admission must adhere to the following policy:

1. Request application from Respiratory Care Program office.
2. File the completed application no later than May 1 for admission to the following fall class.

• *A completed application must include the following:*

1. ACT scores. Minimum **ACT** score accepted is **16**, preferred **ACT** score is an **18**
2. Official Transcript(s) from high school.
3. Official transcripts from all institutions previously attended, this includes PRCC.

*Pre-professional Course Requirements

<u>Course Number</u>	<u>Course Name</u>	<u>Semester Hours</u>	
BIO 1513 or 2513	Anatomy and Physiology I	3	
BIO 1511 or 2511	Anatomy and Physiology I (lab)	1	
BIO 1523 or 2523	Anatomy and Physiology II	3	
BIO 1521 or 2521	Anatomy and Physiology II (lab)	1	
MAT 1313	College Algebra	3	
ENG 1113	English Composition I	3	
SPT 1113	Oral Communication	3	
	Behavioral/Social Science Elective	3	This includes general psychology <i>or</i> sociology.
	Humanities/Fine Arts Elective	3	These can be any <i>one</i> of the following: any foreign language, World Lit, Eng. Comp. II or Music/Art appreciation.
Highly recommend:	Medical Terminology Elective	3	

** These pre-professional courses must be completed prior to entry into the Professional Phase of the program. Freshmen Classes begin for the Professional Phase in August.*

Professional Phase Admission Policy

Students having completed the Pre-requisite requirements at Pearl River Community College or elsewhere can apply for admission to the **Professional Phase** of the program as follows:

1. Complete Application to Pearl River Community College and return to the *Admissions Office*.
Complete RCP application and return to *Respiratory Care Program office*.
2. File the completed application no later than **May 1** for admission to the fall class.
* **A completed application must include the following:**
 - a. **ACT** scores – Minimum **ACT** score accepted is **16**, preferred **ACT** score is an **18**
 - b. Official transcripts from **all** institutions previously attended, including **PRCC** (current through **May 1** for the year that admission is being requested.)
3. The applicant's overall cumulative grade point average required for academic courses must be at least **2.50**, preferably **3.00**.
 - a. Each applicant **must** have completed **all** Pre-requisite courses or plan to have them completed **prior** to the beginning of the Professional Phase in the **fall** semester.
 - b. A minimum grade of "**C**" **must** be achieved in **all** Pre-requisite classes.
4. The applicant should be available for a personal interview with the Admissions Committee should he/she become a candidate for admission. Failure to interview with the Admissions Committee at the scheduled time and date will constitute automatic program rejection.
5. Applicant **must** include a **current photo**. Photo must be no larger than 3 x 5. Photo may be with a digital camera, professional photography or passport photo. **Please be sure and write your name on the back of the photo**. This is necessary in case the photo gets separated from your file, we can identify you by your name on the back of the photo.

<u>Freshman</u>	<u>Fall Semester</u>	<u>Sophomore</u>	<u>Summer Semester</u>
RCT 1223	Patient Assessment 3	RCT 2333	Cardiopulmonary Pathology 3
RCT 1214	Respiratory Care Science 4	RCT 2434	Respiratory Care Tech III 4
RCT 1313	Cardiopulmonary A & P 3	RCT 1523	Clinical II 3
RCT 1416	Respiratory Care Tech I 6	RCT 1322	Pulmonary Functions 2
	<i>Total Hours 1st Semester 16</i>		<i>Total Hours 3rd Semester 12</i>
<u>Freshman</u>	<u>Spring Semester</u>	<u>Sophomore</u>	<u>Fall Semester</u>
RCT 1613	Pharmacology 3	RCT 2534	Clinical III 4
RCT 1515	Clinical I 5	RCT 2546	Clinical IV 6
RCT 2613	Neonatal/Pediatrics 3	RCT 2713	Respiratory Care Seminar 3
RCT 1424	Respiratory Care Tech II 4		
	<i>Total Hours 2nd Semester 15</i>		<i>Total Hours 4th Semester 13</i>

APPLICATION FOR ADMISSION
RESPIRATORY CARE PRACTITIONER PROGRAM

Date: _____ Social Security No. _____ Phone No. _____

E-mail address: _____ Other Phone: _____

Name: _____

Last	First	Middle	Maiden
Address: _____			
Street	City	State	Zip

Race: _____ Male: _____ Female: _____ Date of Birth: _____

Have you been a resident of Mississippi for the past 12 months? Yes _____ No _____

High School Attended: _____ Date of Graduation: _____

Date of ACT test: _____ Composite Score: _____ Math: _____ English _____ Reading _____

Have you attended college: Yes _____ No _____

List those colleges below (this includes PRCC):

1) _____ Dates attended: _____

2) _____ Dates attended: _____

3) _____ Dates attended: _____

When do you wish to enter Pearl River Community College? Fall _____ Spring _____ Summer _____

When do you plan to enter the PRCC Respiratory Care Program? Fall of _____

Have **all** of your **transcripts** and your **ACT** scores been sent to Pearl River Community College's Respiratory Care department? _____ When? _____

I agree that the above information is true to the best of my knowledge and that deliberate falsification of information will result in denial of admission to P.R.C.C

Student Signature: _____ Date _____

AUTHORIZATION FOR MEDICAL PROCEDURES: In the event of serious illness or accident, every effort will be made to contact parents or guardian if student is under 21 years of age. In the event that delay in medical, surgical, or psychological treatment might be detrimental to the health of the student, authorization for consultation and treatment is requested. Permission is granted to Pearl River Community College to refer this student for necessary treatment.

Student Signature: _____ Date _____

(If over 21 years of age)

Signature of Parent or Guardian: _____ Date: _____

All official transcripts of **all** previous course work and **ACT** scores must be received by the **Respiratory Care office** before officially being accepted.

RETURN TO:

***Pearl River Community College
Respiratory Care Program
5448 US Hwy 49 South
Hattiesburg, MS 39401***

June 2008

Pearl River Community College

PRCC Student past or present

Internal Transfer of Student Information

NOTE: Please submit this form if you are currently a PRCC student at either the Hattiesburg Campus or the Poplarville campus, **OR** have previously been a student at either the Hattiesburg or the Poplarville campus. This is to have your transcripts and other pertinent information sent to the **Respiratory Care Practitioner** program. This form is to be given to the PRCC admissions office, not the RCP office. The Respiratory Care office does not have access to all of your records, only admissions. It is your responsibility to get this form to admissions so your information can be sent to the RCP program office. If this information is not in your file by the deadline, your file may be considered incomplete. Please use the box located at the bottom of this form to indicate which forms admissions needs to send to the RCP office.

Name: _____ S.S. Number: _____

Please send the following information to:

Respiratory Care Practitioner

Program or Department

Please check the appropriate box:

<input type="checkbox"/>	Pearl River Transcript
<input type="checkbox"/>	Transcript(s) from High School
<input type="checkbox"/>	Transcript(s) from College(s)
<input type="checkbox"/>	ACT Score
<input type="checkbox"/>	PRCC General Admissions Application

Signature

Date

HIGH SCHOOL/COLLEGE TRANSCRIPT REQUEST FORM

Please complete this form and return it to the **HIGH SCHOOL OR COLLEGE YOU ATTEND OR HAVE PREVIOUSLY ATTENDED** to release your transcript to Pearl River Community College.

APPLICANTS PLEASE DO NOT SEND THIS BACK TO THE RCP OFFICE AT PRCC, THE SCHOOL OR COLLEGE WILL SEND IT ALONG WITH YOUR TRANSCRIPT.

Name: _____
(Last) (Maiden) (First) (MI)

Date of Graduation: _____

Social Security Number: _____

Program for which you have applied for at Pearl River Community College:

RESPIRATORY CARE PRACTITIONER

I request the records department of _____
(Name of institution you wish to send your records to Pearl River College)

to release my transcript to:

PEARL RIVER COMMUNITY COLLEGE
RCP PROGRAM OFFICE
5448 US HIGHWAY 49 SOUTH
HATTIESBURG, MS 39401

Signature: _____

Date: _____

SCHOOL/COLLEGE SUBMITTING TRANSCRIPT: Please return this form (or copy) with the transcript to the PRCC address above.

** If you have more than one institution to request records from, this form may be copied.*

Pearl River Community College

Financial Assistance

Pearl River Community College offers a wide variety of financial assistance programs, from federal, state, college, and private sources. These programs are designed to assist students in meeting the costs associated with attending college.

The *Financial Aid* booklet includes information, application deadlines, and information about the different types of assistance available at PRCC. It is important that the student understands the policies regarding the assistance that is awarded to them, and they must be aware of the academic requirements for maintaining eligibility. Also, a student must realize that all financial aid must be submitted *before* the deadline or assistance *may not* be available to them at the time of registration, therefore, an added expense (*such as a financial waiver*) may be added to the student before registration can be confirmed. There is a minimal cost to the student for a financial aid waiver.

The financial aid staff is available to assist students who have any questions or who need additional information. The office is open between the hours of **8:00** a.m. to **4:00** p.m., Monday thru Friday. Their telephone number is **601-403-1211** for the Poplarville campus, and **601-554-5502** for the Hattiesburg campus. The admissions office for the Forrest County campus is **601-554-5500** or **601-554-5519**.

APPLICATIONS FOR ALL FINANCIAL AID SHOULD BE COMPLETED AS SOON AS POSSIBLE!

For any information concerning **WIA** (Workforce Investment Act) scholarships, please contact **Ms. Frankie Lee** at **(601) 554-5531**.

FYI:

You may also go online and complete your free application for **Federal Student Aid (FAFSA)**. Sometimes this may be a quick and sure alternative to ensuring that all proper paperwork is complete. The address for FAFSA is: www.FAFSA.ed.gov. Important **FAFSA/PIN** reminders: Before you begin, you will need a pin number to sign your FAFSA electronically. Your **PIN** is the key to Online Financial Aid. You may apply for a pin number by visiting: www.pin.ed.gov. You can use this PIN number to sign in to FAFSA, review your FAFSA award, correct your information, and reapply for financial aid, among other various activities. You may want to set up your PIN number then go on-line to complete your Financial Aid application process. Your PIN number will be e-mailed to you within 1 – 5 days. **Please note:** you may want to *print* important documents for your verification.

For more information about the FAFSA program, you may call **1-800-433-3243**. You may view the Student Guide by visiting www.studentaid.ed.gov/guide. For online resources that cover the full range of financial aid visit, www.studentaid.ed.gov.

2009 RCP Program Applicant Course List

Applicant: Please list below the pre-requisite course that you are presently taking or plan to take during the spring and summer semester immediately preceding admission to PRCC. **IF you will not be in school, please indicate on this sheet and return with your application packet.**

Name: _____ SS # _____

Check here if you will NOT be attending classes during the summer or spring semester. _____ **Initials:** _____
(This indicates that you have completed the pre-professional phase for admittance into the RCP program)

Name of Educational Institution Attending: _____

Spring Semester 2009

Hours Credit	Title of Course	Course #

Summer Semester 2009

Hours Credit	Title of Course	Course #

IMPORTANT: Your application for admission to Pearl River Community College Respiratory Care Practitioner Program will be evaluated on the basis of your transcripts and courses which you now have in progress or plan to take, as indicated above. Grades for your spring “in progress” classes will count towards your prerequisite GPA. If you should alter your course of study in any way without notifying the RCP office at PRCC, the admission committee will not have your correct course list and your consideration may be affected accordingly.

I have read the above statement and will notify the PRCC *Respiratory Care* office of any changes in the above outlined course list.

Signature: _____ Date: _____

Please return with your packet to:

***Pearl River Community College
RCP Program Office
5448 U.S. Hwy 49 South
Hattiesburg, MS 39401***

Respiratory Care Practitioner

Mid – Term Grade Form for Spring Semester 2009

NOTE: Applicant **only** complete this form, **if** you are taking any of the following classes during the ***Spring 2009*** Semester.

Applicant: Please take this form to the instructor of the pre- req class for which you are attending, and have them write your mid –term grade beside the name of the class.

Instructor: Please write the current grade as of this date of today for the student in the grade box. Thank you. Respiratory Care Program.

Please be sure to submit this form to the RCP office anytime during the weeks of April 15 – April 25, 2009.

Student's Name: _____

<u>Course #</u>	<u>Name of Course</u>	<u>Grade</u>	<u>Instructor's Signature</u>
BIO 1513	Anatomy and Physiology I	_____	_____
BIO 1511	Anatomy and Physiology I (lab)	_____	_____
BIO 1523	Anatomy and Physiology II	_____	_____
BIO 1521	Anatomy and Physiology II (lab)	_____	_____
MAT 1313	College Algebra	_____	_____
ENG 1113	English Composition I	_____	_____
SPT 1113	Oral Communication	_____	_____
_____	Behavioral/Social Science Elective	_____	_____
_____	Humanities/Fine Arts Elective	_____	_____

***Please remember: the Mid – Term Grade Form is due is between
April 15, 2009 – April 25, 2009!***

Pearl River Community College
Respiratory Care Practitioner Application Checklist

*This application checklist is provided to help assist you in ensuring that you have completed the application process as efficient as possible. The following items must be completed and submitted all at once, with the exception of high school and other college transcripts. When you have completed the application process, send a copy (**be sure to keep a copy of this checklist for your records**) of this checklist along with other forms to the RCP program office. Once we receive the checklist, we will verify that you have completed the process. If our records do not correspond with yours, we will contact you, so please be sure that we have your current address and phone number. Please be sure to indicate to us if you are a current PRCC student or have previously been a PRCC student, so that your PRCC transcript will be added your file.*

Applicant's Name: _____

Applicant's SS #: _____

PRCC transcript: _____ Date sent/requested to be sent: _____
(if applicable)

PRCC application: _____ Date sent/requested to be sent: _____

RCP program application: _____ Date sent/requested to be sent: _____

HS Transcript(s) or GED: _____ Date sent/requested to be sent: _____

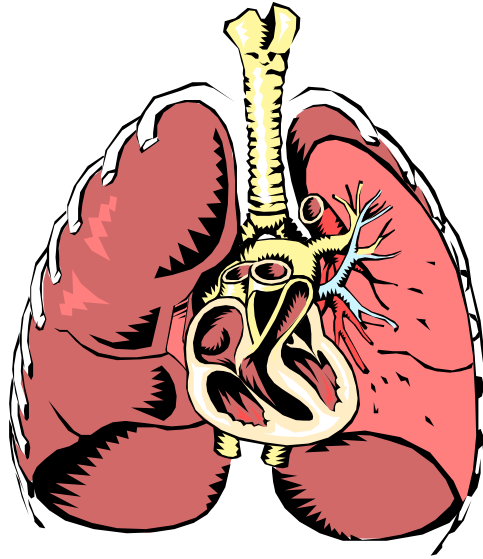
All College Transcripts: _____ Date sent/requested to be sent: _____

ACT Score(s): _____ Date sent/requested to be sent: _____

Mid-Term Grade: (if applicable) _____ Date sent/requested to be sent: _____

Current Photo: (with name on back) _____ Date sent/requested to be sent: _____

*Please feel free to call at any time to check the status of your application, which is advised. Sometimes things get lost in the mail and do not make it to the proper destination. So if you are in doubt or would like to reassure the status of your file, just call the Respiratory Care Program Office at **601-554-5487**. If you are unable to reach someone, please leave a message and someone will contact you as soon as possible.*



**Pearl River Community College
Respiratory Care Practitioner Program**

INFORMATION SESSIONS

**All 2010 Respiratory Care Practitioner Applicants MUST
attend one (1) of the scheduled sessions as part of their
application process**

**Wednesday, March 24th @ 2p
Or
Tuesday, April 27th @ 3p**

**All application information sessions will be held in
Room 237 of the Allied Health Building.**

Pearl River Community College
Respiratory Care Practitioner Program

Allied Health Program

Criminal History Record Affidavit

All persons who provide direct, hands-on medical care in a patient's/resident's/client's room, or in a treatment or recovery room will be required to undergo a criminal history record check. Thus, all persons working in the mentioned capacity in a hospital, nursing home, personal care home, home health agency, or hospice will be required to complete this check prior to working. This includes all students who work in the above stated capacity.

Mississippi Legislature House Bill No. 1077 was made in to law. This law states: " If the criminal history record check discloses a felony conviction, guilty plea or plea of nolo contendere to a felony of possession or sale of drugs, murder, manslaughter, armed robbery, rape, sexual battery, or sex offenses listed in *Section 45-33-23 (f)*, child abuse, arson, grand larceny, burglary, gratification of lust or aggravated assault, or felonious abuse and/or battery of a vulnerable adult that has not been reversed on appeal or for which a pardon has not been granted, the employee applicant shall not be eligible to be employed at the licensed entity."

I _____ have never been convicted of, plead guilty to, or plead nolo contendere to a felony of possession or sale of drugs, murder, manslaughter, armed robbery, rape, sexual battery, or sex offenses listed in *Section 45-33-23 (f)*, child abuse, arson, grand larceny, burglary, gratification of lust or aggravated assault, or felonious abuse and or/ battery of a vulnerable adult that has been reversed on appeal or for which a pardon has not been granted.

Student Signature

Date

I understand that if I sign this document falsely, I will be dismissed from the **Respiratory Care Practitioner** Program for falsification of records.

Student Signature

Date

I understand that if my criminal history record check does not report that I am "**clear**", I may not be able to complete the required clinical rotations required for an Associate in Applied Science degree or obtain a license and or registration to practice.

Student Signature

Date

Witness to all Signatures and Notary Public