Pearl River Community College
Respiratory Care Technology Program
2018
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 Care Technology is an allied health professional, employed in the treatment, control and care of patients with deficiencies and abnormalities associated with the respiratory system. They serve as a consultant to the physician in the treatment and management of cardio-pulmonary abnormalities and work with nurses in coordinating and implementing an overall patient care strategy. Employment opportunities are available in hospitals, home health agencies, nursing homes and other health care settings. 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).

MISSION STATEMENT – PRCC is a public institution committed to providing quality educational and service opportunities for all who seek them.

PEARL RIVER COMMUNITY COLLEGE RESPIRATORY CARE PROGRAM

GOAL – To Prepare graduates with demonstrated competence in the cognitive, psychomotor, and affective learning domains of respiratory care practice as performed by registered respiratory therapists (RRTs).

Objectives

- To provide quality instruction through various techniques, including the use of technology.
- To provide students with the skills necessary for job placement after graduation.
- To provide a learning environment that enables students to be successful in the Respiratory Care Technology Program.
- To produce students who demonstrate the ability to perform, comprehend, apply, and evaluate relevant information necessary for program success.
- To produce graduates who perform effectively as a member of the health care team.
- To produce graduates who demonstrate the ability to comprehend, apply, and evaluate information that is relevant to their role as a Respiratory Therapist.
- To produce graduates who demonstrate proficiency in communication, interpersonal, and customer service skills.

ADMISSION

All applicants MUST complete the required pre-requisite courses to be eligible for admittance to the Respiratory Care Technology 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.
ADVANCED PLACEMENT

At this time, Pearl River Community College does not offer advanced placement for students who may have prior coursework or work experience in the profession. However, students may transfer from a comparable, accredited Respiratory Therapy program if a review of the student’s transcript by the Program Director deems the prior coursework to be equivalent to and on the same timeline as the Respiratory Therapy curriculum at Pearl River Community College. In addition, any student wishing to transfer must be in good standing with previous college.

ACCREDITATION STATUS

The P.R.C.C. program is accredited by the CoARC (Commission on Accreditation for Respiratory Care).
1248 Harwood Road
Bedford, TX 76021-4244
817-283-2835
Outcomes data from the 2011 Annual Report of Current Status has been posted on the CoARC website. Follow this link directly to the Programmatic Outcomes Data page: http://www.coarc.com/47.html

SPECIAL NEEDS

If you have a disability that qualifies under the Americans with Disabilities Act and you require special assistance or accommodations, you should contact the designated coordinator for your campus for information on appropriate guidelines and procedures: Poplarville Campus, Tonia Moody Seal at 601-403-1060 or tmoody@prcc.edu; Forrest County Center, Beth Strahan at 601-554-5530 or bstrahan@prcc.edu; Hancock Center, Raymunda Barnes at 228-252-7000 or rbarnes@prcc.edu. Distance Learning Students who require special assistance, accommodations, and/or need for alternate format should contact Tonia Moody Seal at tmoody@prcc.edu.
Dear RCT Program Applicant:

Enclosed you will find the application packet for Respiratory Care Technology Program. Please read the packet carefully as some things may have changed from last year. Applications will be accepted until May 1, 2018. All applications, all college transcripts (see page 9 for instructions), 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 turn it in to the Respiratory Program office, 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 RCT office by May 1, 2018: The completed packet should include all of the following:

1. PRCC application
2. RCT program application
3. ACT score – American College Test
4. Program Course List – return only if you will be taking classes during spring and summer 2017
5. Spring 2017 Mid-Term Grade Form – return only if taking spring 2016 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 (e-scripted) from every college you have attended, except PRCC
9. High school transcript or GED.

**Item 9** may be sent from the school to the RCT office, or you may have them sent to you, however, do not open any transcripts sent to you, it must be unopened to be considered official. Only official copies are acceptable. If you have transcripts sent to you, please include them in the completed application, with the official school seal unbroken.

*Please note that if you are currently enrolled in one the seven prerequisite classes, you must submit a mid-term grade form for that class, so it may be calculated towards your GPA calculation. You must submit this in April 2017.* Your GPA plays a big role in the admission process. The minimum GPA for consideration of admission to the RCT class must be at least a 2.50 overall for the required prerequisites. Before admittance into the program, all applicants must have completed the prerequisite classes. 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 email the RCT office smboston2@prcc.edu or call 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.

Thank you,

**RCT Program**

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

Pearl River Community College  
RCT Program Office  
5448 US Hwy 49 South  
Hattiesburg, MS  39401
RESPIRATORY CARE TECHNOLOGY PROGRAM

Respiratory Care Technology Program

In addition to all of Pearl River Community College’s general admission requirements for a technical student, all Respiratory Care Program Applicants must have the following documents on file in the Respiratory Care Program office at the Forrest County Center by May 1 of each year to be considered for admission to the Respiratory Care Technology program:

1. A Pearl River Community College application for admission, as well as an application for the Respiratory Care program
2. An official high school transcript from an approved high school or GED equivalency score.
3. Official college transcript(s) from all institutions previously attended (current through May 1 for the year that admission is being requested). See page 9
4. Students must furnish ACT scores – minimum ACT score accepted is 16, preferred ACT score is 18 or higher.
   - ACT score may be from the national administration of the test or the residual.
   - Applicants who took the ACT prior to October 1989 will have their results converted to the enhanced scores. (A score of 16 prior to October 1989 converts to an 18 on the Enhanced ACT.
5. Students are required to complete the following Pre-requisite courses and must achieve a “C” or better prior to admission to the Respiratory Care Technology program. Courses can be in progress when applying but must be completed prior to the start of the respiratory program:

   *Pre-requisite Course Requirements

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

Highly recommend: Medical Terminology Elective 3
Microbiology with lab 4

6. The applicant’s grade point average for the required pre-requisite courses must be at least 2.50, minimum preferred is 3.0.
7. Applicant must include a current photo and should be no larger than 3 x 5. Please be sure and write your name on the back of the photo.
8. All applicants must attend an Information session for the Respiratory Care program. Dates are listed on page 13 of this packet.

Admission to the Respiratory Care Technology program is based on ACT score, GPA (Only courses required for admission to the program will be considered when computing grade point averages) and an interview. 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.

PLEASE NOTE: Students that meet the minimum requirements listed on this page are NOT guaranteed admission to the Respiratory Care program.
Students NOT selected for admission to the program must reapply prior to May 1 of next year to be reconsidered.

Pearl River Community College
Respiratory Care Technology Program

INFORMATION SESSIONS

All 2018 Respiratory Care Technology Applicants MUST attend one (1) of the scheduled sessions as part of their application process:

March 20, 2018

April 18, 2018

All application information sessions will be held at 2pm in room 237 of the Allied Health Building.

For more information please email Sinetta Bolton @ smbolton2@prcc.edu or call 601-554-5487
PRCC RESPIRATORY CARE ESTIMATED PROGRAM EXPENSES

Tuition
- In-State Full time: $1,625.00
- Out-of-State: $2,824.00

Respiratory Care Program Fee: 400.00

Miscellaneous Fees
- Orientation (1st time students only): 100.00
- Financial Aid Waiver: 50.00
- Late Registration: 50.00
- Parking permit: 20.00
- Registration fee: 25.00
- Liability Insurance: 15.00
- Replacement Diploma: 40.00
- Replacement ID Card: 15.00
- Technology Fee: 25.00
- Transcripts: 10.00
- Year Disk (full time students): 3.00

Books
- Fall: 500.00
- Spring: 170.00
- Summer: 160.00

Respiratory Care Kits: 100.00*

BLS / ACLS Cards: 18.00

Fingerprinting / Background check: 50.00

NBRC Self-Assessment Exams: 125.00

Kettering National Seminars: 325.00**

AARC Student Membership: FREE

*Price is subject to change based on availability of equipment and number of kits ordered.

**This is not a requirement of the program. However it is recommended for any student who wishes to attend. Price is dependent on the number of people registered to attend.

After Graduation Expenses

- NBRC MCE: 190.00
- NBRC Clinical Simulation Exam: 200.00
- Mississippi Temporary License: 50.00 (6 months)
- Mississippi License: 100.00 (2 years)
- AARC Membership: 91.00 (78.50 for renewal)
- NBRC: 25.00

Respiratory Care Scholarship Opportunity

Any student that graduates from the Respiratory Care Technology Program may be eligible for a Respiratory Care Board Exam Scholarship funded by Dr. Steven Stogner (PRCC Respiratory Care Medical Director). In order to be eligible graduates must meet all of the following requirements:

1. Overall GPA – 3.75 or greater in Respiratory Program
2. Student must attempt the WRRT and the Clinical Simulation Exams within 90 days of graduation.
3. Student must attempt the WRRT and the Clinical Simulation Exams within 60 days following the CRT to receive the NBRC $50.00 discount ($340.00 vs. $390.00).
4. Student must pay for exams and submit scores before receiving payment
5. Payments will be received as a tuition refund from PRCC into your direct deposit account

Pearl River Community College
Respiratory Care Technology 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 RCT 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)

General Admission application (online) Date submitted online: ______________________

RCT 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 email us at any time, smb Bolton2@prcc.edu 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 email the Respiratory Care Program Office or call 601-554-5487. If you are unable to reach someone, please leave a message and someone will contact you as soon as possible.
PRCC General Admissions Procedure

Step 1:
Are you currently enrolled at Pearl River Community College?

_____ (yes*)  _____ (no)  If no: Proceed to Step 2

If yes*: (PRCC ID#)___________________ and SKIP to Step 4.

Step 2:

Have you attended PRCC in the last 5 years?

____________ (yes*) _______________ (no)  If no: Proceed to Step 3

If yes*: (PRCC ID#)___________________
Dates Attended ________________________________ and SKIP to Step 5.

Step 3:

If you have never attended Pearl River Community College, or you have not attended within the last 5 years, you will need to send the following documents to the Admissions Office:

Transcripts must sent via eScript:
  ● **High school transcripts with GPA calculated on a 4.0 scale OR GED scores**
  ● **Transcripts from all colleges or universities you have ever attended**
  ● ACT score(s) (make sure to provide us with the highest score)

Proceed to Step 4

Step 4:

Have you attended any other colleges or universities other than or since your enrollment at PRCC?

_______ (yes*) _____ (no)  If no:  Proceed to Step 5

If yes*: **You will need to send all up-to-date transcripts of other colleges or universities attended to PRCC if they have not already been submitted previously.** Proceed to Step 5 and submit a new Pearl River Community College Application to update your information.

  Transcripts must be sent via eScript.

Step 5:  All applicants must complete a Pearl River Community College Application online at www.prcc.edu.

  This must be done before applying to the program.

** To have high school, college and/or university transcripts sent to PRCC use the appropriate “Transcript Request Form” on pages 12-13.
APPLICATION FOR ADMISSION
RESPIRATORY CARE TECHNOLOGY PROGRAM

Date:_________________  SS # or Student ID_____________________  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 Admissions office? ____________  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 Admissions office before officially being accepted.  RETURN TO:

Pearl River Community College
Respiratory Care Technology Program
5448 US Hwy 49 South
NOTE: Please submit this form if you are currently OR have previously been a student at either the Hattiesburg or the Poplarville campus. This is to obtain your transcripts and other pertinent information for the Respiratory Care Technology program.

This form is to be submitted to the RCT office two weeks prior to the deadline for application.

It is your responsibility to have all current transcripts in the PRCC Admissions Office before submitting this form to ensure transcripts are available to the RCT program two weeks prior to the deadline for application.

If this information is not in your file by the deadline, your file may be considered incomplete. Use the box located below to indicate which forms you need the RCT office to obtain from Admissions for you

Name: (print) _______________________________ S.S. N. or I.D ________________

____________________________________
Signature

Please check the appropriate box:

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<tbody>
<tr>
<td>Transcript(s) from High School</td>
<td>Transcript(s) from College(s)</td>
</tr>
<tr>
<td></td>
<td>ACT Scores</td>
</tr>
</tbody>
</table>
HIGH SCHOOL TRANSCRIPT REQUEST FORM

Please complete this form and send it to the HIGH SCHOOL(S) YOU ATTENDED. Have the school(s) eScript the official transcript(s) to Admissions at Pearl River Community College, if possible.

Name__________________________________________

(Last)                             (Maiden)                                (First)                (MI)

Date of Graduation/Attendance____________________________________________________

Social Security Number____________________________________________________

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

_____ Respiratory Care Technology (RCT)________________________

I request the records department of___________________________________________

(Name of school)

to send my transcript to:

PEARL RIVER COMMUNITY COLLEGE
   Office of Admissions
   5448 US Highway 49 South
   Hattiesburg, MS 39401

Signature______________________________________________________________

Date______________________________________________________________

May be duplicated
COLLEGE TRANSCRIPT REQUEST FORM

Please **complete this form** and send it to ALL the COLLEGE(S) YOU ATTENDED. Have the school(s) **eScript** the official transcript(s) to Admissions at Pearl River Community College

Name__________________________________________

(Last) (Maiden) (First) (MI)

Date of Graduation/Attendance________________________________________________________

Social Security Number____________________________________________________

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

_____ Respiratory Care Technology (RCT)__________________________________________

I request the records department of______________________________________________

(College Name)

to send my transcript to:

**PEARL RIVER COMMUNITY COLLEGE**

**Office of Admissions**

5448 US Highway 49 South

Hattiesburg, MS 39401

Signature________________________________________

Date__________________________________________

*May be duplicated*
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: ____________________________________ ID # ____________________________

**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 RCT program)

Name of Educational Institution Attending: _______________________________________________________

### Spring Semester 2018

<table>
<thead>
<tr>
<th>Hours Credit</th>
<th>Title of Course</th>
<th>Course #</th>
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</table>

### Summer Semester 2018

<table>
<thead>
<tr>
<th>Hours Credit</th>
<th>Title of Course</th>
<th>Course #</th>
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</tbody>
</table>

**IMPORTANT:** Your application for admission to Pearl River Community College Respiratory Care Technology 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 RCT 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**  
**RCT Program Office**  
**5448 U.S. Hwy 49 South**  
**Hattiesburg, MS 39401**
Respiratory Care Technology
Mid – Term Grade Form for Spring Semester 2018

**NOTE:** Applicant only complete this form, if you are taking any of the following classes during the Spring 2018 Semester.

**Applicant:** Please take this form to the instructor of the pre-requisite course for which you are attending, and have them write your mid – term grade in the space provided, for the appropriate course.

**Instructor:** Please write the current grade, for the student listed below, in the space provided. You may also email mid-term grades to landerson@prcc.edu

Thank you,

Lori Anderson
Respiratory Care Program.

*Please be sure to submit this form to the RCT office by April 26, 2018.*

Student’s Name: ____________________________________________

<table>
<thead>
<tr>
<th>Course #</th>
<th>Name of Course</th>
<th>Grade</th>
<th>Instructor’s Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>BIO 1513/2513</td>
<td>Anatomy and Physiology I</td>
<td>_____</td>
<td>______________________</td>
</tr>
<tr>
<td>BIO 1511/2511</td>
<td>Anatomy and Physiology I (lab)</td>
<td>_____</td>
<td>______________________</td>
</tr>
<tr>
<td>BIO 1523/2523</td>
<td>Anatomy and Physiology II</td>
<td>_____</td>
<td>______________________</td>
</tr>
<tr>
<td>BIO 1521/2521</td>
<td>Anatomy and Physiology II (lab)</td>
<td>_____</td>
<td>______________________</td>
</tr>
<tr>
<td>MAT 1313</td>
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<tr>
<td>_______</td>
<td>Medical Terminology</td>
<td>_____</td>
<td>______________________</td>
</tr>
<tr>
<td>_______</td>
<td>Microbiology</td>
<td>_____</td>
<td>______________________</td>
</tr>
</tbody>
</table>
Please notify RCT office in changes of email address, residence address and telephone number.

Make additional copies of the enclosed forms as needed to complete the application process.

*NOTE: Sometime in early April 2018, you need to email the RCT program office at smboston2@prcc.edu to verify that we have received your complete application packet.*
A student who has attended an out-of-state high school, GED program or college is considered an out-of-state resident until they show proof of being an in-state resident. A student who attended an in-state high school and an out-of-state college is considered an out-of-state resident until they show proof of being an in-state resident.

Unmarried students who are under the age of 21, will be considered in-state or out-of-state according to their parents residence status.

Military students are subject to additional rules and should check with the student services office for additional information.

According to the Admission’s office in Poplarville, to prove in-state residence, a student must submit the following items:

<table>
<thead>
<tr>
<th>Student 21 years or older or Married</th>
<th>Students under 21 years old</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. A valid Mississippi Driver License</td>
<td>1. Parent’s valid Mississippi Driver License</td>
</tr>
</tbody>
</table>

NOTE: Every student must submit a **MS Driver’s License** AND one of the following items to the Admissions Office in Hattiesburg as part of the application process.

1. Mississippi Automobile Registration  
2. Mortgage paperwork or lease agreement  
3. Utility bill (electric, telephone, water)  
4. MS Income Tax Return  
5. Homestead exemption (if home owner)  
6. MS County voter registration card  
7. Marriage License, if under age 21  
1. Parent’s Mississippi Automobile Registration  
2. Parent’s Mortgage paperwork or lease agreement  
3. Parent’s Utility bill (electric, telephone, water)  
4. Parent’s MS Income Tax Return  
5. Parent’s Homestead exemption (if home owner)  
6. Parent’s MS County voter registration card

Pearl River Community College  
Admissions Office  
5448 US Hwy 49 South  
Hattiesburg, MS 39401
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 Rebekah Nelson at (601) 554-4663 or you may email her at rnelson@prcc.edu.

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.
For Students Accepted into the Respiratory Care Technology Program
the following will be REQUIRED:

- Immunization- complete for college admission (Form 121), including DTAP & MMR & Varicella (or history of disease)  
- Physical that includes TB skin test (or Chest X-ray in the event of a positive test result)  
- FBI Criminal Background check  
- Office of Inspector General Background check  
- Health insurance card verification  
- Vehicle insurance card verification  
- Hepatitis B series completed or begun (First of series of 3 must be documented) or sign declination form  
- Drug Screen  
- Copy of Photo I.D.  
- Current BLS Card

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 RCT 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. Therefore, they will be dismissed from the program.

Criminal History Record Check

Information as it Pertains to Students at Pearl River Community College

For the purpose of fingerprinting and criminal background history checks, the term “affidavit” means the use of Mississippi State Department of Health (MSDH) Form #210, or a copy thereof, which shall be placed in the individual student’s file.

A person signing an Affidavit must affirm that they have NEVER been convicted of nor plead “no lo contender” (no contest) to any felony, including, but not limited to the following:

Possession or sale of drugs  
Murder  
Manslaughter  
Armed Robbery  
Rape
Sexual Battery

Sex offense listed in Section 45-33-23, Mississippi Code of 1972

Child Abuse

Arson

Grand Larceny

Burglary

Gratification of Lust

Aggravated Assault

Felonious abuse and/or batter of vulnerable adult

If a person signs the affidavit required, and is later determined that the person actually had been convicted of or pleaded guilty or no lo contendere (no contest) to any of the offenses listed herein, and the conviction or plea has not been reversed on appeal or a pardon has not been grated for the conviction or plea, the person is guilty of perjury as set out in Section 43-11-13, Mississippi Code of 1972. The licensed facility and Pearl River Community College shall immediately institute termination proceedings against the student pursuant to the facility’s policies and procedures.

Pearl River Community College may, at any time, request a background check at the student’s expense. If the Students is unable to pass the background check; they will be unable to participate in the clinical training required for completion of the program, therefore, student will be unable to complete the program.

Definitions

Possession or Sale of Drugs: Found guilty of having, holding or selling illegal substances

Murder: The unlawful killing of a human being by another with malice aforethought, either expressed or implied

Manslaughter: The unlawful killing of another without malice, either express or implied; which may be either voluntarily, upon a sudden heat, or involuntarily but in commission of some unlawful act

Rape: Forced intercourse without consent

Sexual Battery: Hitting or touching a person on his/her clothes or anything he/she is holding in a way that indicates sex or sex acts.

Arson: The malicious burning of one’s own property or another’s with intent to defraud or prejudice an insurer thereof

Burglary: The breaking and entering the house or property of another with intent to commit a felony therein, whether the felony be actually committed or not

Felony: a crime more serious than a misdemeanor

Felonious: of the nature of or referring to a felony
Felon: Someone guilty of a felony/has a felony conviction

Felony Possession or Sale of drugs: Found with having, holding, or making sale of some illegal drug in an amount as to result in a felony

Armed Robbery: To take property from a person with force and use of some type of weapon

Grand Larceny: Theft of item(s) valued over $250.00

Burglary: The act of breaking into a place for the purpose of stealing

Aggravated Assault: An unlawful threat to use force against another which causes them to be fearful

Felonious abuse or Battery of a Vulnerable Adult: To attack, use force or blows against a person who is elderly or above age 65 or against a person over age 18 with mental or physical disabilities and infirmities who is unable to fend off an attacker. Further includes an adult residing in a long term care facility.

Carnal Knowledge: Sexual knowledge/information about sex

Unnatural Intercourse: sex acts not accepted as normal

Adultery: Voluntary sexual acts between unmarried persons

Kidnapping: To take away and hold by force

Intent to Ravish: Attempt to rape

Enticing a child: Offering something to a person under 18 years of age in order to cause them to cease resistance.

Prostitution: The act of offering sex or sex acts for money.

Gratification of Lust: Touching a person, usually a child, under age 18 for lustful or sexual purpose

Dissemination of sexually oriented material: Distribution of sexually oriented/graphic material to person under 18 years of age

Exploitation of children: To use a person under 18 years of age for one’s own selfish ends

Child Abuse: Conduct toward an emancipated child under 18 years or ages by the parents, guardian, or other Person, who cares for, has custody of or authority over the child. There are four degrees of abuse: First Degree occurs when the defendant knowingly or intentionally causes serious physical or mental abuse. Second Degree occurs when defendant willfully abandons the child, fails to provide food, clothing or shelter necessary for the child’s welfare, or commits a reckless act which results in serious physical or mental harm. Third Degree occurs when the defendant knowingly or intentionally causes some physical harm to the child. Fourth Degree occurs when the defendant abandons the child, or willfully fails to provide food, clothing or shelter necessary for the child’s welfare, or commits a reckless act, which results in some physical harm to the child.
Students accepted into the program will be required to attend an orientation session. The date of this orientation will be included with your letter of acceptance. Students accepted into the program will be required to successfully complete each of the following courses for graduation:

<table>
<thead>
<tr>
<th>Freshman</th>
<th>Fall Semester</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>RCT 1223</td>
<td>Patient Assessment &amp; Planning</td>
<td>3</td>
</tr>
<tr>
<td>RCT 1214</td>
<td>Respiratory Care Science</td>
<td>4</td>
</tr>
<tr>
<td>RCT 1313</td>
<td>Cardiopulmonary A &amp; P</td>
<td>3</td>
</tr>
<tr>
<td>RCT 1416</td>
<td>Respiratory Care Technology I</td>
<td>6</td>
</tr>
<tr>
<td><strong>Total Hours</strong></td>
<td></td>
<td><strong>16</strong></td>
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<table>
<thead>
<tr>
<th>Freshman</th>
<th>Spring Semester</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>RCT 1613</td>
<td>Pharmacology</td>
<td>3</td>
</tr>
<tr>
<td>RCT 1514</td>
<td>Clinical I</td>
<td>4</td>
</tr>
<tr>
<td>RCT 2333</td>
<td>Cardiopulmonary Pathology</td>
<td>3</td>
</tr>
<tr>
<td>RCT 1424</td>
<td>Respiratory Care Technology II</td>
<td>4</td>
</tr>
<tr>
<td>RCT 1322</td>
<td>Pulmonary Function Testing</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total Hours</strong></td>
<td></td>
<td><strong>16</strong></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Sophomore</th>
<th>Summer Semester</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>RCT 2613</td>
<td>Neonatal / Pediatrics</td>
<td>3</td>
</tr>
<tr>
<td>RCT 2433</td>
<td>Respiratory Care Technology III</td>
<td>3</td>
</tr>
<tr>
<td>RCT 1522</td>
<td>Clinical II</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total Hours</strong></td>
<td></td>
<td><strong>8</strong></td>
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<table>
<thead>
<tr>
<th>Sophomore</th>
<th>Fall Semester</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>RCT 2534</td>
<td>Clinical III</td>
<td>4</td>
</tr>
<tr>
<td>RCT 2545</td>
<td>Clinical IV</td>
<td>5</td>
</tr>
<tr>
<td>RCT 2713</td>
<td>Respiratory Care Seminar</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total Hours</strong></td>
<td></td>
<td><strong>12</strong></td>
</tr>
</tbody>
</table>

| Total Professional Phase Hours | 52 |
| Total Pre-requisite Hours     | 23 |
| Total Credit Hours            | 75 |
| Associate Applied Science Degree Awarded |       |
Academic and Technical Standards for Admission and Progression
Environment/Working Conditions

Purpose

To provide the student/applicant with an understanding of the physical demands and communications skills necessary to successfully complete tasks performed by Respiratory Care Practitioners working in the field.

Description of Work Environment and Activities

The common work environment for a Respiratory Care Practitioner and for a student enrolled in a program for the same profession would include the following:

1. Constant contact and communication with the patient, the public and/or other members of the health care team.
2. Making decisions on patient care based on assessment of the patient,
3. Moving and manipulating equipment
4. Frequent and timely operation of computers, and telephones,
5. Moving patients for such activities as walking (ambulation of patient), moving a patient in a wheelchair, and assisting with the lifting of patients – examples are movement in bed, moving from a chair to a bed or from a stretcher to a bed and vice versa),
6. Exposure to pathogens through bodily secretions, mucous and blood.

Procedures:

Applicant/Student: Receives technical standards policy prior to admission to program.

Exemptions: There are no exemptions.

Pearl River Community College
Respiratory Care Technology Program
Technical/Academic Standards

<table>
<thead>
<tr>
<th>PERFORMANCE</th>
<th>STANDARD</th>
<th>ESSENTIAL ACTIVITIES/TASKS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Critical Thinking</td>
<td>Critical thinking ability sufficient for clinical judgment</td>
<td>• Identify cause-effect relationships in clinical situations, and take corrective action when necessary</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Utilize patient assessment techniques to develop or alter respiratory care plans</td>
</tr>
<tr>
<td>Problem Solving</td>
<td>Problem solving to make adjustments in therapy based on normal and abnormal physical and emotional responses to therapy</td>
<td>• After assessment, adjust therapy appropriately to conditions</td>
</tr>
<tr>
<td>Interpersonal Skills</td>
<td>Interpersonal abilities sufficient to interact with individual, families, and groups from a variety of social, emotional, cultural, and intellectual backgrounds</td>
<td>• Establish rapport with patients, clients, and health care colleagues</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Communicate in a meaningful manner with patients and health care colleagues</td>
</tr>
<tr>
<td>Communication Skills</td>
<td>Communication abilities sufficient for interaction with others in verbal and written form, including via electronic devices</td>
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<tr>
<td></td>
<td>• Explain treatment procedures, initiate health teaching, document and interpret respiratory care actions and patient/client responses</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Demonstrate charting procedures and verbal staff communication concerning patients</td>
<td></td>
</tr>
<tr>
<td>Mobility</td>
<td>Physical abilities sufficient to move from room to room, maneuver in small spaces, utilize stairwell when necessary</td>
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<tr>
<td></td>
<td>• Move around in a patients room, work spaces, administer CPR, assist patient into wheelchair / bed and perform transport duties</td>
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<td></td>
<td>• Possess physical capabilities that would allow for maintenance of equipment such as cleaning and storage</td>
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<tr>
<td></td>
<td>• Demonstrate proper procedure for turning and /or lifting patient in bed</td>
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<tr>
<td></td>
<td>• Lift at least 15lbs. of weight</td>
<td></td>
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<tr>
<td></td>
<td>• Respond quickly in an emergency</td>
<td></td>
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<tr>
<td>Motor Skills</td>
<td>Gross and fine motor abilities sufficient to provide safe and effective respiratory care</td>
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<tr>
<td></td>
<td>• Calibrate and use equipment necessary to perform respiratory care procedures</td>
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<tr>
<td></td>
<td>• Demonstrate method for reading flow meters and pressure gauges and safe handling of medical gases and their storage systems</td>
<td></td>
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<td></td>
<td>• Maintain sterile technique when performing sterile procedures</td>
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<tr>
<td></td>
<td>• Perform various procedures requiring the use of both hands</td>
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<tr>
<td>Hearing</td>
<td>Auditory ability sufficient to monitor and assess health needs</td>
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<tr>
<td></td>
<td>• Hear monitor alarms, emergency signals, and cries for help; auscultate sounds</td>
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<tr>
<td></td>
<td>• Distinguish changes in tone and pitch, as in listening to patient’s breath sounds, heart sounds, and blood pressure with the use of a stethoscope</td>
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<tr>
<td>Visual</td>
<td>Visual ability sufficient for observation and assessment necessary in respiratory care</td>
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<tr>
<td></td>
<td>• Observe patient/client responses</td>
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<tr>
<td></td>
<td>• Observe visual alarms when monitoring respiratory and other patient care monitoring equipment</td>
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<td></td>
<td>• Identification of patient, verification of oxygen flow, possess color vision to properly identify color on medical gas cylinders</td>
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<tr>
<td>Tactile</td>
<td>Tactile ability sufficient for physical assessment</td>
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<td></td>
<td>• Perform palpation functions of physical examination and/or those related to therapeutic intervention</td>
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<td></td>
<td>• Demonstrate method for palpating arterial sites</td>
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<tr>
<td>Self-Care</td>
<td>Ability to present professional appearance and implement measures to maintain own health</td>
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<td></td>
<td>• Implement universal precautions; follow established procedures for body hygiene</td>
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<tr>
<td>Accountability and Responsibility</td>
<td>Demonstrate accountability and responsibility in all aspects of the respiratory care profession</td>
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<td></td>
<td>• Able to distinguish right from wrong, legal from illegal and act accordingly</td>
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<td></td>
<td>• Accept responsibility for actions</td>
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<td></td>
<td>• Able to comprehend ethical standards and agree to abide by them</td>
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<td></td>
<td>• Consider the needs of patients in deference to one’s own needs</td>
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</tbody>
</table>

Students with a diagnosed disability who are unable to meet the above standards are advised to contact one of the following ADA counselors: Poplarville Campus, Tonia Moody at 601-403-1060 or tmoody@prcc.edu; Forrest County Center, Kirk Powell at 601-554-5530 or epowell@prcc.edu; Hancock Center, Raymunda Barnes at 228-252-7000 or rbarnes@prcc.edu. Distance Learning Students who require special assistance, accommodations, and/or need for alternate format should contact Tonia Moody at tmoody@prcc.edu.