



Dear Prospective Respiratory Care Student:

Thank you for your interest in our associate degree program in respiratory care. Respiratory care is the allied health profession that cares for patients with deficiencies and abnormalities of the cardiopulmonary system. The respiratory therapist sees a diverse group of patients ranging from newborn and pediatric patients to adults and the elderly. Disease states or conditions often requiring respiratory care include asthma, emphysema, chronic obstructive lung disease, pneumonia, cystic fibrosis, infant respiratory distress syndrome, and conditions brought on by shock, trauma or postoperative surgical complications. In addition to working in hospitals, respiratory therapists have job opportunities in home care, rehabilitation agencies, nursing homes, emergency transport teams, sleep centers, pulmonary function laboratories, outpatient clinics, and physician offices.

The field of respiratory care provides excellent opportunities for those interested in a dynamic and exciting career in cardiopulmonary sciences. Salaries for respiratory therapist are excellent and compare favorably with other allied health fields. Job opportunities for new graduates are also very good. For example, as of January 2005, the United States Bureau of Labor Statistics projects "employment of respiratory therapist to increase much faster than the average occupations through the year 2011." Respiratory care is listed as one of the fastest growing professions and the need for respiratory therapist is expected to increase 42.6% for the period 2004-2012. This increase in demand is expected because of substantial growth of the elderly population, and increases in the numbers of patients with asthma and chronic lung disease.

Our respiratory therapist program is two years in length and upon completion, awards the Associate of Applied Science degree with a major in Respiratory Care. At least 14 semester hours of prerequisite course work is required prior to entering the program. Prospective students should have a good background in Math and Science. Respiratory Care majors must have a "C" or better in all OERC, and all technical related courses to graduate from the program. After successful completion of the courses in Respiratory Care, the student will take the national accreditation exams from National Board for Respiratory Care.

The program has a limited enrollment which requires a selection process. In addition to meeting regular undergraduate admission requirements, students must fulfill specific requirements of the program before acceptance. **DEADLINE FOR APPLICATIONS IS MAY 1ST FOR THE FOLLOWING FALL SEMESTER.** It is the **STUDENT'S RESPONSIBILITY** to be sure the packet is completed and turned in at room 191V by May 1st. Please read and complete all of the actions required by the information listed under admissions Process on the following page.

Complete Respiratory Care Packets should be forwarded to the Respiratory Care Program, Room 191V of Doña Ana Community College, phone 505.527.7607 or 505.640.5480.

Sincerely,

A handwritten signature in cursive script that reads "Virginia Durant".

Virginia Durant, MA, RRT, RCP
Respiratory Care Program Director

RESPIRATORY CARE PROGRAM

Admission Process

Admission Criteria:

1. Student's most recent College GPA must be 3.0 to be eligible for the Respiratory Care Program
2. Admission process must be completed.
3. All prerequisites must be taken before entering the program. (See attached prerequisite list).

Admission Process and Packet:

1. Applicants must designate Respiratory Care as their major.
2. Arrange for all official college transcripts sent to Doña Ana Admissions Office. **A copy of transcripts should be placed in the Respiratory Packet.**
3. Submit a typed resume outlining your work experience.
4. Take the HOBET (Health Occupations Basic Entrance Test) Test results must be received by the Respiratory Care Program before the application deadline. (See attached HOBET Exam Instructions sheet for further information).
5. Letter of Recommendation
6. If transferring from another respiratory program, a letter of recommendation is needed from the program director.
7. Complete background check from American DataBank. (See attached release form sheets for further information).

An orientation will be scheduled after May 1st for all students who have been accepted into the Respiratory Care Program.

FINAL SELECTION PROCESS

FINAL SELECTION is based on a point system. Candidates for the program will receive points for:

1. Current GPA
2. required classes already successfully completed
3. evaluation of HOBET Exam

Admission to NMSU or DABCC does not constitute admission to the Respiratory Care Program.

The Respiratory Care Program begins only in the Fall semester each year.

ALL APPLICANTS MUST BE ABLE TO:

1. Lift fifty (50) pounds unassisted
2. Hear through a stethoscope or augmented listening device.
3. Manipulate equipment required in the performance of respiratory tasks; this includes bending, pushing and pulling.
4. Must be able to walk and stand for extended periods of time.

RESPIRATORY CARE
Associate of Applied Science

Prerequisite:		Credits
OEHO 120	Medical Terminology	3
MATH 120	Algebra Skills	3
OEHO 116	Math for Allied Health <u>OR</u>	3
MATH 121	Intermediate Algebra	3
CHEM 110G	Principles and Application of Chemistry	4
OEHO 153	Anatomy I plus Lab	4
OEHO 154	Anatomy II plus Lab	<u>4</u>
		21

General Education Requirements:

COMM265G	Principles of Human Communication <u>OR</u>	
OEHO 101	Communication for Health Care <u>OR</u>	
PSY 201G	Introduction to Psychology <u>OR</u>	
SOC 101G	Introductory Sociology <u>OR</u>	
OEBU 240	Human Relations	3
ENGL 111G	Freshman Composition I	<u>4</u>
		7

Technology Related Requirements:

OEHO 253	Microbiology for Health Occupations with lab	4
OECS 105	Introduction to Microcomputer <u>OR</u>	
CS 110G	Computer Literacy	<u>3</u>
		7

Respiratory Care Requirements:

OERC 110	Respiratory Care I	4
OERC 110L	Respiratory Care I Lab	2
OERC 120	Respiratory Care II	3
OERC 120L	Respiratory Care II Lab	1
OERC 122	Respiratory Care Physics	2
OERC 124	Respiratory Care II Clinical	5
OERC 210	Respiratory Care III	2
OERC 210L	Respiratory Care III Lab	2
OERC 224	Respiratory Care III Clinical	4
OERC 230	Respiratory Care IV	3
OERC 230L	Respiratory Care IV Lab	1
OERC 232	Respiratory Care Pharmacology	2
OERC 234	Respiratory Care IV Clinical	3
OERC 240	Respiratory Care V	3
OERC 240L	Respiratory Care V Lab	1
OERC 242	Respiratory Care Cardio Pulmonary Pathophysiology	2
OERC 243	Respiratory Care Neonatal Resuscitation	1
OERC 244	Respiratory Care V Clinical	4

Optional:

OERC 155	Respiratory Care Special Topics	1-4
OERC 255	Respiratory Care Special Topics	1-4

Student _____
(Print Name)

HOBET -Health Occupations Basic Entrance Test

Respiratory Care Program

The HOBET exam tests reading comprehension at the college level and math skills at the college algebra level. If you would feel more comfortable studying before the exam, a study guide (entitled The Hobet or The NET) is available for purchase at the campus bookstore. (Copies are also on reserve in the library.) You may also review reading and math materials used to prepare for college entrance exams.

HOBET Exam Instructions

- Contact Ms. Vicki Gonzalez at (505)527-7569 to arrange a testing date and time. Testing times are limited; therefore, calling two (2) weeks in advance to schedule a test time is strongly recommended.
- A fee of \$20.00 for the HOBET exam **must be paid prior to taking the exam**. Print or type your name on this form and take it to the *DABCC Cashier's Office* to pay the fee. Please have the cashier's office stamp "paid" on the bottom of this form.
- The testing center is located in Room 116 (DABCC). The following is needed for admission to take the HOBET exam:

A picture ID

A receipt from the cashier's office

This form with the cashier's stamp (the testing center will keep this form)

- Request that the test results, along with this form, be sent to:

Virginia Durant, Program Director
Respiratory Care Program

Cashier's stamp:



Doña Ana Branch Community College Disclosure and Release Form

As part of the application process for acceptance at **Doña Ana Branch Community College** I understand that they and/or its agents may conduct an investigation of my personal information. The investigation might include, but is not limited to names and dates of previous/current employment, work experience, criminal history records (from state, federal and other agencies), motor vehicle records, military records, names and dates of education, social security number trace, residency history, Medicare/Medicaid excluded list, FBI fingerprinting, child abuse/neglect check, sex offender, GSA/OIG Sanction report and drug screening. I understand that these records may be used for the eligibility of my acceptance into the aforementioned school's health occupations or nursing programs. I authorize without reservation the full release of these records and for American DataBank and/or its agents contacted by American DataBank to obtain information.

In addition, I release and discharge American DataBank, and all of its agents and associates, any expenses, losses, damages, liabilities, or any other charges or complaints for the investigative process. I also authorize the full release of the information described above, without any reservation, throughout any duration of my enrollment at **Doña Ana Branch Community College**. I also certify that all information provided is correct on the application to the best of my knowledge. Any false statements provided will be considered just cause for denial of acceptance.

Upon Request, American DataBank will supply a copy of my report and my rights under the Fair Credit Reporting Act. Requests may be directed to: American DataBank, 820 Sixteenth St. 8th Fl., Denver, CO 80202 or by contacting us at 1-800-200-0853.

**Please remember to complete you order online at www.donaanaex.com
< Please Print >**

Applicant's Name: _____
First
M.I.
Last

Signature: _____ Date: ____mm/____dd/____yy

Date of Birth: ____mm/____dd/____yy (this is used for only criminal and driving records retrieval.)

Social Security Number: _____ - _____ - _____

Driver's License Number: _____ State: _____

Current Address: _____ Phone Number: _____
Street Address

City
State
Zip
Length of Residency: ____ Yr

Have you ever been convicted of a crime: Misdemeanor: Yes _____ No _____ or a Felony: Yes _____ No _____

Please fax this form to: 1-303-573-1779 (confidential)



**Authorization/Order Form For Doña Ana Branch
Community College Student Background Checks**

Previous Employer: _____ Phone: _____

City: _____ State: _____ Zip: _____ Start Date: (Mo/Yr) ____/____/____ End Date: ____/____/____

Position Held: _____ Supervisor Name: _____

Professional License Number: _____ State Issued: _____

Certification Number: _____ State Issued: _____

I request and authorize American Databank to perform a background check, which includes the SSN Trace, Statewide and County Criminal search, Employment History, and related background searches, including Sexual Offender Registry, OIG, GS, OFAC, Texas State Exclusion List, Professional License and Certification verification. I hereby swear, that the information I provided within this document is true to the best of my knowledge.

Student Signature: _____ Date: _____

Payment Options

The cost of this background check is \$59.00. There are two choices for payment options, credit card or money order. We strongly suggest paying by credit card because your order will begin processing immediately. If you cannot pay by credit card, you can pay by mailing a money order along with your application. However, we will not begin processing your background check until we receive your money order.

Credit Card Payment Option:

Name on Credit Card: _____
First Last

Billing Address for Card: _____
Street City State Zip

Card #: _____ Card Type (circle): Visa / Master / Discover / Amex

Expiration Date: _____ mm / _____ yy CVV Code (3 digit code on back of card): _____



**Authorization/Order Form For Doña Ana Branch
Community College Student Background Checks**

When ordering by credit card, please fax your complete and sign the complete order form and fax to 303-573-1779. This fax line is secure as is your credit card information.

Money Order Payment Option:

If paying by money order, please print your application, sign it, and mail it along with the money order to:
**American DataBank
820 16th St. 8th Floor
Denver, CO 80202**

Please make the money order payable to American DataBank for \$59.00. Please note: we will not begin processing your background check until we receive your application and money order. Therefore, you should mail your money order and application as soon as possible in order to prevent any delay. If you need to have your background check processed immediately, you can also stop by our office anytime from 8am – 6pm.

PLEASE DON'T FORGET TO MAIL YOUR COMPLETED APPLICATION ALONG WITH THE MONEY ORDER!



**Authorization/Order Form For Doña Ana Branch
Community College Student Background Checks**

INSTRUCTIONS: Please Print all information Clearly. (Illegible application may delay processing.)
If you do not have any of the information requested, please write N/A in the appropriate space. This information is strictly used for application purposes only. All applicant information is kept confidential and secure at all times.
Please be sure to sign and date page 2 and complete the Disclosure Release form.

- If Paying by Credit Card, fill this form out completely and fax to 303-573-1779. (see page 2 for payment options)
- If Paying by Money Order, see page 3 for instructions.
- If you have any questions or concerns, please call: 800-200-0853.

Personal Identification:

Legal Last Name: _____ First: _____ Middle: _____

Social Security Number: _____ Birth Date: ____/____/____ Phone: _____

E-Mail: _____ Previous Names (Maiden, Alias, etc): _____

Present Address: _____ City: _____ State: ____ Zip: _____

Please list your Residence History for the past 7 years:

Previous Address: _____ City: _____ State: ____ Zip: _____

Date of Residence: (Mo/Yr) From: ____/____/____ To: ____/____/____

Previous Address: _____ City: _____ State: ____ Zip: _____

Date of Residence: (Mo/Yr) From: ____/____/____ To: ____/____/____

Previous Address: _____ City: _____ State: ____ Zip: _____

Date of Residence: (Mo/Yr) From: From: ____/____/____ To: ____/____/____

List your Employment history. *If work history does not exist, please type N/A.

Present Employer: _____ Phone: _____

City: _____ State: ____ Zip: _____ Start Date: (Mo/Yr) ____/____/____ End Date: ____/____/____

Position Held: _____ Supervisor Name: _____