

The Respiratory Care Program

CLIMB TO SUCCESS



What is a Respiratory Therapist?

A respiratory therapist is a...

01

life supporting and life enhancing healthcare professional who practices under qualified medical direction



Applying to the program

See a counselor

02

- *Seeing a counselor can ensure you are on the right track for the program*
- *Helps eliminate taking additional classes*
- *To make an appointment call (909) 389-3366*



Lou'Rie Cummings
CTE Program Counselor

HESI

Entrance exam

03

- *5-hour test required with application*
- *Tests your knowledge in math, science, and reading comprehension*
- *HESI is \$40 and college charges \$10 (must be in cash)= \$50*
- *Contact Frances in the assessment center for appointment.. fsoutherland@sbccd.cc.ca.us*

Verification of General Education

Must be completed by counselor

04

- This form must be completed by a counselor.
- Counselors will not sign off on classes you have not completed.
- All classes must have a passing grade of a C or better!
- Tip- make sure counselor signs the form

Respiratory Care Department

Dear Counselor,
Please verify that this student has the required prerequisites and general education necessary to graduate with an Associate Degree in Respiratory Care. All courses must be C or higher. Note: (**) signifies requirements that began catalog year 2007.

COUNSELOR VERIFICATION OF UNITS FOR AN AS DEGREE IN RESPIRATORY			
DATE	COUNSELOR'S NAME	STUDENT ID	
STUDENT'S NAME			
COURSE NUMBER	CLASS TAKEN	WHERE	GRADE
A NATURAL SCIENCES	SEE 5 POINT BELOW		
B SOCIAL AND BEHAVIORAL SCIENCES			
C HUMANITIES			
FINE ARTS			
WRITTEN TRADITIONS (ENGL)			
**ORAL TRADITIONS			
D QUANTITATIVE REASONING (MATH)			
**CRITICAL THINKING/INFORMATIONAL LITERACY			
E HEALTH & WELLNESS			
**DIVERSITY & MULTICULTURALISM			
**AMERICAN HERITAGE			

WORTH ONE POINT EACH

MICRO: TAKEN AT _____ SEMESTER _____
 ANAT/PHYSIO: TAKEN AT _____ SEMESTER _____
 CHEM: TAKEN AT _____ SEMESTER _____
 RESP 050: TAKEN AT _____ SEMESTER _____
 AN 101: TAKEN AT _____ SEMESTER _____

By signing below, you are verifying that all general education requirements for an Associate in Respiratory Care have been met. This student will be given one extra point towards entry into the respiratory care program.

COUNSELOR'S SIGNATURE	FOR DEPT. USE
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Reading Proficiency Met _____ yes _____ no

Dear Counselor,
Please verify that this student has the required prerequisite and general education necessary to graduate with an Associates Degree in Respiratory Care. All courses must be C or higher. Note: (***) signifies requirements that began catalog year 2007.



COUNSELOR VERIFICATION OF UNITS FOR AN AS DEGREE IN RESPIRATORY				
DATE		COUNSELOR'S NAME		STUDENT ID
STUDENT'S NAME				
	COURSES NEEDED	CLASS TAKEN	WHERE	WHEN
A	NATURAL SCIENCES	SEE 5 POINT BELOW		
B	SOCIAL AND BEHAVIORAL SCIENCES			
C	HUMANITIES			
	FINE ARTS			
D	WRITTEN TRADITIONS (ENGL)			
	**ORAL TRADITIONS			
	QUANTITATIVE REASONING (MATH)			
	**CRITICAL THINKING & INFORMATIONAL LITERACY			
E	HEALTH & WELLNESS			
F	**DIVERSITY & MULTICULTURALISM			
	**AMERICAN HERITAGE			

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MICRO: TAKEN AT _____ SEMESTER _____
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By signing below, you are verifying that all general education requirements for an Associates in Respiratory Care have been met. This student will be given one extra point towards entry into the respiratory care program

COUNSELOR'S SIGNATURE

FOR DEPT. USE

Reading Proficiency Met _____yes _____no

Overview of Point System

Six points is the goal!

05

- *RESP 050*
- *Health Information Technology 101*
- *Anatomy/Physiology 101*
- *Microbiology 102*
- *Chemistry 101*
- *Completion of General Education*

Requirements to Remember

Keep in mind...

06

- *If you have taken classes at any other college, your transcripts must be evaluated by Admission and Records (takes 6-8 weeks)*
- *All courses must have a grade of a C or higher*
- *Our classes have no expiration dates!*
- *Medical Terminology is accepted from ROP Redlands*
- *Deadline for applications is July 1st*

Items to prepare for applying!

Double check your documents...

07

This form is Confidential for the sole purpose
Of the Respiratory Care Program

**Respiratory Care
Department**

Program Entrance Application (Must be filled out completely)

Applicant Information

Full Name: _____ Date: _____
Address: _____
Phone: () _____ E-mail Address: _____
Cell Phone: () _____ Social Security No. _____
Emergency Contact: _____ Phone #: () _____
Desired Start Date: _____
Have you ever applied to this program? YES NO If yes, when? _____

Education

High School: _____ Location: _____
From: _____ To: _____ Did you graduate? YES NO Diploma: _____ SUBMIT A COPY
College: _____ Location: _____
From: _____ To: _____ Did you graduate? YES NO Degree: _____
Other: _____ Location: _____
From: _____ To: _____ Did you graduate? YES NO Degree: _____

Pre-requisites and Co-requisites

Higher levels are accepted

Course	Date	Grade	Where
RESPIRATORY 050			
ANATOMY 101			
AH 101			
MICRO 102			
CHEM 101			
TEAS V		Score	
OTHER DEGREE		AA AS BA BS	Where

Please submit Official Sealed Transcripts with your application if you are transferring from another college.

I certify that my answers are true and complete to the best of my knowledge.

Signature _____ Date _____

- Application
- HESI test results
- Verification of General Education
- Official or unofficial transcripts



Program Entrance Application

(Must be filled out completely)

Applicant Information					
Full Name:	Last		First		Date:
Address:	Street Address			Apartment/Unit #	
	City		State	ZIP Code	
Phone:	()	E-mail Address:			
Cell Phone:	()	Social Security No.			
Emergency Contact:	Phone #: ()				
Desired Start Date:					
Have you ever applied to this program?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when? _____		

Education					
High School:	Location:				
From:	To:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Diploma <input type="checkbox"/> SUBMIT A COPY
College:	Location:				
From:	To:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree: _____
Other:	Location:				
From:	To:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree: _____

Pre-requisites and Co-requisites			
<i>Higher levels are accepted</i>			
RESPIRATORY 050	Date:	Grade	Where
ANAT/PHYSIO 101	Date:	Grade	Where
AH 101	Date:	Grade	Where
MICRO 102	Date:	Grade	Where
CHEM 101	Date:	Grade	Where
TEAS V	Date:	Score	
OTHER DEGREE	Date:	AA AS BA BS	Where

Please submit Official Sealed Transcripts with your application if you are transferring from another college

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____

Communication is key!

Don't wait...

08

- *Have questions?? Contact Paige.*
- *Stop by if you need clarification on any part of the application process*

- *Located in bldg. PSAH, room 120*
- *pdulayvega@craftonhills.edu*
- *(909) 389-3286*



Frequently Asked Questions!

09

Question: How will I find out if I was accepted into the program?

Answer: Within 1-2 weeks of the deadline, I will mail out acceptance letters and email information to those accepted into the program.

Question: What happens to my application if I do not get to the program this year?

Answer: Your name will go on next year's list and your documents will be retained for another year.