



**OFFICE USE ONLY**

Application Received \_\_\_\_\_  
HS Graduate or GED \_\_\_\_\_  
ACT or TEAS Score \_\_\_\_\_ Date \_\_\_\_\_  
Cumulative College GPA \_\_\_\_\_  
Data on applicant log \_\_\_\_\_  
Comments \_\_\_\_\_  
\_\_\_\_\_  
Shadowing form Rcv'd (date) \_\_\_\_\_

**RESPIRATORY CARE PROGRAM  
APPLICATION & INFORMATION PACKET**

A Southern State Community College application must be completed with this application if the applicant has not applied previously to the College. Return this completed application to the Respiratory Care Program Director on the Fayette Campus as soon as possible. This application will be kept on file only two years unless a longer period is requested by the applicant.

Please advise Respiratory Care Department of **name**, **address**, **e-mail address**, and **phone number** changes so we can keep you informed of any changes in the program or contact you for an interview.

**(PLEASE USE INK AND PRINT)**

Name

\_\_\_\_\_ (Last) (First) (Middle) (Other Last Names Used)

Address \_\_\_\_\_ (Street) (City) (State) (Zip)

Student ID# \_\_\_\_\_ Date of Birth \_\_\_\_\_

Phone: Primary # \_\_\_\_\_ Secondary # \_\_\_\_\_

May we contact you via email?  Yes  No

If **yes**, provide your email address \_\_\_\_\_

County of Residence \_\_\_\_\_ Gender:  Male  Female

High School \_\_\_\_\_ (Graduation date) (School issuing diploma) (City/State)

Colleges of Post Secondary Schools Attended \_\_\_\_\_

My initials  indicate that I have received and will comply with the Technical Standards as stated.

By signing below I am declaring that I have read the complete admission criteria for the Respiratory Care Program.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

SSCC does not discriminate against applicants, employees, or students on the basis of race, color, creed, religion, age, sex, marital status, veteran status, national origin, ancestry, citizenship or disability. Questions about this should be directed to the Title IX Coordinator, 100 Hobart Drive, Hillsboro, OH 45133; (937) 393- 3431. Accommodations for persons with disabilities may be made through the Section 504 Coordinator, 100 Hobart Drive, Hillsboro, OH 45133; (937) 393-3431.

**Application (2 pages) may be submitted via mail: SSCC (Attention: Chyane Collins)  
1270 US Route 62 SW, Washington CH, OH 43160 or email: ccollins@sscc.edu  
Questions or concerns should be directed to (800) 628-7722 x5620 or x5622**

OFFICE USE ONLY: Name (Last) (First) (M.I.)

## Eligibility for Clinical Placement Information

Southern State Health Sciences students are assigned care of older adults and children throughout their clinical experience. Therefore, all students enrolled in a Health Sciences program will have a criminal background record check run. In order to assist you and the Division in determining the potential impact of this background check, please complete the following. (Note: \* = Absolute Bar)

2903.01 - Homicide*	2903.02 - Murder*
2903.03 - Voluntary Manslaughter*	2903.04 - Involuntary Manslaughter
2903.11 - Felonious Assault	2903.12 - Aggravated Assault
2903.13 - Assault	2903.16 - Failing to Provide for a Functionally Impaired Person
2903.21 - Aggravated Menacing	2903.34 - Patient Abuse; Neglect*
2905.01 - Kidnapping	2905.02 - Abduction
2905.04 - Child Stealing	2905.05 - Criminal Child Enticement
2905.11 - Extortion	2905.12 - Coercion
2907.02 - Rape*	2907.03 - Sexual battery*
2907.04 - Corruption of a Minor	2907.05 - Gross Sexual Imposition*
2907.06 - Sexual Imposition	2907.07 - Importuning
2907.08 - Voyeurism	2907.09 - Public Indecency
2907.12 - Felonious Sexual Penetration*	2907.21 - Compelling Prostitution
2907.22 - Promoting Prostitution	2907.23 - Procuring
2907.25 - Prostitution	2907.31 - Disseminating Matter Harmful to Juveniles
2907.32 - Pandering Obscenity	2907.321 - Pandering Obscenity Involving a Minor*
2907.322 - Pandering Sexually Oriented Matter Involving a Minor*	2907.323 - Illegal Use of Minor in Nudity Oriented Material*
2909.25 - Aggravated Arson	2911.01 - Aggravated Robbery
2911.02 - Robbery	2911.11 - Aggravated Burglary
2911.12 - Burglary	2911.13 - Breaking and Entering
2913.02 - Theft; Aggravated Theft	2913.03 - Unauthorized Use of a Vehicle
2913.04 - Unauthorized Use of Property	2913.11 - Passing Bad Checks
2913.21 - Misuse of Credit Checks	2913.31 - Forgery
2913.40 - Medicaid Fraud	2913.43 - Securing Writings by Deception
2913.47 - Insurance Fraud	2913.51 - Receiving Stolen Property
2919.12 - Unlawful Abortion	2919.22 - Endangering Children
2919.24 - Contributing to Unruliness or Delinquency of a Child	2919.25 - Domestic Violence
2921.36 - Prohibition of Conveyance of Certain Items onto Grounds of Detention Facility or Mental Health or MRDD Facility	2923.12 - Carrying Concealed Weapons
2923.13 - Having Weapon While Under Disability	2923.161 - Improperly Discharging a Firearm Into Habitation
2925.02 - Corrupting Another with Drugs	2925.03 - Trafficking in Drugs
2925.04 - Cultivating Marijuana	2925.05 - Funding of Drug/Marijuana Trafficking
2925.06 - Illegal Admin/Distrib of Anabolic Steroids	2925.11 - Drug Abuse (not a minor drug possession offense)
2925.13 - Permitting Drug Abuse	2925.22 - Deception to Obtain Dangerous Drugs
2925.23 - Illegal Processing of Drug Documents	3716.11 - Adulteration of Food*

Have you been convicted of, pled guilty to, had a judicial finding of guilt for, or had a judicial finding of eligibility for treatment and/or intervention in lieu of conviction for, or are you currently under indictment for any of the above offenses? **(Circle one) YES NO**

I certify that the above information is correct and complete to the best of my knowledge and belief. I understand and agree that misrepresentation, falsification or omission of material fact may be cause for rejection of my application or for termination after acceptance into the program. I further understand that a "Yes" answer to the above question may result in me being ineligible for clinical placement and, therefore, completion of the program.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# SOUTHERN STATE RESPIRATORY CARE

## ADMISSION CRITERIA

Admission criteria for the Respiratory Care Program which must be completed prior to acceptance are:

1. Complete the SSCC Application for Admission at [www.sccc.edu](http://www.sccc.edu) or at Student Services on any campus.
  - Provide an official transcript to verify graduation from a high school approved by the State Board of Education. If the applicant has successfully completed the G.E.D. test, provide documentation of such.
  - Students should contact the Disabilities Services Office, if they feel accommodations may be necessary.
2. Complete the Accuplacer® Placement Assessment for Math and English. See Student Services.
3. Complete ***Respiratory Care Program Application*** (2 pages). Application may be submitted without the following requirements being finished. Deadline is January 31<sup>st</sup> to be considered for next cohort.
4. Achieve satisfactory score on the ***Pre-Entrance Test*** (TEAS) or ACT Assessment.  
TEAS (adjusted individual total score must be Proficient, Advanced, or Exemplary category) or ACT (minimum composite score of 21) within the 2 years prior to gaining acceptance into the RESP program. A maximum of 3 attempts to pass the TEAS/ACT within any 12 month period of time is permitted. Deadline is January 31<sup>st</sup> to be considered for next cohort.
5. Complete all ***prerequisite courses***, achieving a minimum final course grade of “C”.  
Science courses (BIOL, CHEM) must have been completed within the 5 years prior to gaining acceptance into the RESP program. See College Catalog for additional prerequisite information.
6. Document a ***cumulative college GPA*** of 2.5
7. Complete a minimum of 8 hours of ***job shadowing***. The required form may be obtained from the Respiratory Care Program Office or on College website (Respiratory Care page) at [www.SSCC.edu/Academics/Associate/Respiratory-Care.shtml](http://www.SSCC.edu/Academics/Associate/Respiratory-Care.shtml).
8. The applicant will be contacted to schedule an ***interview*** with the Program Director, faculty members, and/or Advisory Committee Members to discuss the requirements and objectives of the Respiratory Care Program.

An applicant’s file will be considered for program entry after all of the above have been achieved by the applicant and received by the Respiratory Care Program Director. It is the responsibility of the applicant to ensure his/her application file is complete. Admittance into the Respiratory Courses requires written acceptance by the Respiratory Care Program Director according to the admission requirements listed in this Respiratory Care Program application.

## ADDITIONAL INFORMATION TO CONSIDER

Once the student has been accepted into the Respiratory Care Program, but prior to the deadlines provided at orientation, the student must complete the following:

- Meet all Technical Standards as provided within this packet
- Provide the required medical information on the Health Science Physical Form
- Purchase liability insurance approved by the college through the MySSCC portal.
- Purchase required uniform
- Register for required classes and pay fees according to general college policies

- Obtain valid American Heart Association CPR for Healthcare Provider certification and maintain it throughout all Respiratory Care courses
- Pass Background Check(s) and Drug Screening

Additional fingerprinting and background checks may be required by health care agencies before allowing admission to clinical facilities for required clinical practice. A past felony or misdemeanor conviction may disqualify him/her from attending clinicals and completing the degree.

The program application will be kept on file for two years from date of receipt by Respiratory Care Program personnel unless you request otherwise.

Please advise Respiratory Care Program personnel of name, address, e-mail address, and phone number changes so we can keep you informed of any changes in the program and/or contact you for an interview.

It is important for the Respiratory Care student to be aware that all prerequisite courses for each course in the curriculum are listed in the college catalog and must be carefully followed. All RESP courses must be completed in a period of **36 months** from enrollment in the first Respiratory course(s).

## TECHNICAL STANDARDS

### Policy

Essential technical standards are established to ensure students are able to fulfill the duties expected in the classroom/lab/clinical experiences of the Respiratory Care Program.

### Guidelines

1. Essential technical requirements for participation in the Respiratory Care Program are noted below:

Issue	Description	Standard/Physical Requirement
<b>Mobility</b>	Physical ability, flexibility, strength and stamina	The lab and/or clinical experiences require various abilities including standing, walking, sitting, bending, flexing, lifting, twisting, stooping, kneeling, reaching, stretching, pushing and pulling to gather and stock supplies, operate equipment (computers, various types of medical devices, hospital beds, etc.), and perform required functions of patient care. Often must lift, carry or move objects weighing 25-50 pounds at minimum. Must be able to perform CPR.
<b>Motor Skills</b>	Physical ability, coordination, dexterity	Gross and fine motor abilities sufficient to perform required functions of patient care; hand-wrist movement, hand-eye coordination, and simple firm grasping required for fine motor-skills and manipulation; fine and gross finger dexterity required in both hands.
<b>Tactile</b>	Use of touch	Normal tactile feeling required. Sensitivity to heat, cold, pain, pressure, wetness, dryness, etc.
<b>Hearing</b>	Use of auditory sense	Ability to hear and interpret voices and correctly interpret what is heard; i.e., physicians' orders whether verbal or over telephone, patient concerns, physical assessment (especially breath sounds), equipment alarms, etc.
<b>Visual</b>	Use of sight	Acute visual skills necessary to detect signs and symptoms, Interpret written words accurately, read characters and identify colors on the various equipment screen.
<b>Behavioral</b>	Emotional and mental stability	Functions effectively under stress; flexible, concern for others; able to provide safe patient care and work in environment with multiple interruptions and noises, distractions, and unexpected patient needs.
<b>Comprehension</b>	Comprehend and process information; calculations	Engage in written and oral directives related to patient care, focusing and remembering information with appropriate application to patient care; comprehend and process instructions readily.
<b>Critical Thinking</b>	Ability to problem solve	Integrate information through critical thinking based on information gathered on patients during clinical sessions, and during class sessions that are applied to the clinical process.

<b>Communication</b>	Speak, read, write, and use English language effectively in real time. Communicate effectively in interactions with others verbally, nonverbally and in written form.	Effectively interacts with the environment and other persons. Ability to communicate with wide variety of people and styles, ability to be easily understood. Reading, writing, recording, and documenting critical patient information required.
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2. Students accepted or enrolled in the Respiratory Care Program are responsible for determining their own eligibility in light of these qualifications, for informing the College of any potential problem areas, and for notifying the Respiratory Care Program Director of any particular accommodations they may need (to be determined by the Office of Disability Services).
3. Students with disabilities are encouraged to contact the Office of Disability Services to determine appropriate accommodations.
4. Students entering the Respiratory Care Program do so with the understanding that they must be able to perform the essential technical requirements and meet the standards described for the program with or without reasonable accommodation.
  - a. The College reserves the right to review information and documentation to determine whether an accommodation request is reasonable and whether a student is capable of performing the essential technical requirements and meeting the standards described for the program.

### A.A.S. in RESPIRATORY CARE CURRICULUM

	Course #	Course Title	Total
<b>Pre-regs</b>	MATH 1116	Beginning Algebra	3
	CHEM 1120	Introduction to Chemistry	5
	BIOL 2205	Anatomy & Physiology I	4
<b>1st</b>	RESP 1101	Fundamentals of Respiratory Care <i>(min. of 6 hrs/wk for 6 weeks of clinicals)</i>	5
	RESP 1102	Cardiopulmonary Anatomy & Physiology	3
	BIOL 2206	Anatomy & Physiology II	4
	PHYS 1140	Physics for Allied Health Sciences	3
<b>2nd</b>	RESP 1107	Pharmacology for the Respiratory Therapist	1
	RESP 1110	Respiratory Therapeutics <i>(min. of 8 hrs/wk of clinicals)</i>	5
	RESP 1115	Cardiopulmonary Diseases I	3
	MATH 1135	Allied Health Mathematics	3
<b>3rd</b>	RESP 2204	Pediatrics and Neonatal	3
	RESP 2205	Critical Care I <i>(min. of 8 hrs/wk of clinicals)</i>	6
	ENGL 1101	English Composition I	3
<b>4th</b>	RESP 2206	Critical Care II <i>(min. average of 18 hrs/wk of clinicals)</i>	7
	SOCI 1107	Introduction to Diversity	3
<b>5th</b>	RESP 2209	Respiratory Care in Alternative Settings	1
	RESP 2210	Capstone	2
	RESP 2223	Capstone Clinical <i>(min. average of 20 hrs/wk of clinicals)</i>	4
		<b>Total</b>	<b>65</b>

**All applicants** are strongly encouraged to contact **Chyane Collins** at [ccollins@sscc.edu](mailto:ccollins@sscc.edu) or (800) 628-7722 x5620 to schedule an appointment to thoroughly discuss the program and applicable requirements.

*Applications received after the January 31<sup>st</sup> deadline will be considered on an individual basis, pending there is a position available in the upcoming cohort.*