Dear Prospective Student:

Are you a caring person who likes to help people? Do you like to work with high tech equipment? Do you enjoy a job where every day you will have different challenges and opportunities? Would you like a job where there are opportunities for specialization or advancement to management or education? If you answered yes to these questions then Respiratory Therapy may be the career for you.

Respiratory Therapists are the health care professionals who care for people with breathing problems. Under the direction of physicians Respiratory Therapists assist in the diagnosis, treatment and management of patients with cardiopulmonary problems. Respiratory Therapists use a great deal of independent judgment to make recommendations to the health care team regarding patients’ respiratory care.

As a Respiratory Therapist you will have the opportunity to work with people of all age groups from premature infants to children, to adults, to the elderly. You can choose to specialize in areas such as critical care, home care, pulmonary diagnostics, neonatal intensive care, and more. Respiratory Therapists are employed in hospitals, nursing homes, home care companies, doctors’ offices, diagnostic and rehabilitation clinics and more.

With the aging of the American population the need for health care and especially respiratory care is expected to increase significantly in the years ahead. Currently there is a shortage of Respiratory Therapists in the United States and this shortage is expected to increase in the coming years. Because of this Respiratory Therapy is expected to be one of the fastest growing career fields in the years ahead. Starting salaries for Registered Respiratory Therapists in this area are in the $40,000 per year range.

Once the required prerequisite courses are complete, the Associate of Science in Respiratory Care degree at Albany State University is a five (5) semester program designed to prepare you for employment as an advanced level respiratory therapist. The program is open to qualified applicants regardless of previous experience. For more information please contact the program director.

The Albany State University Respiratory Care program is fully accredited by the Commission on Accreditation for Respiratory Care (CoARC) 1248 Harwood Rd., Bedford, TX 76021 (817) 283-2835

Sincerely,

Allethea Brooks
Allethea Brooks M.Ed, RRT, Program Director
Phone 229-317-6896
Email: allethea.brooks@darton.edu

2400 GILLIONVILLE ROAD • ALBANY, GEORGIA 31707-3098 • TELEPHONE 229-317-6900 • FAX 229-317-6682
UNIVERSITY SYSTEM OF GEORGIA • AN AFFIRMATIVE ACTION/EQUAL OPPORTUNITY INSTITUTION

Respiratory Care (0366)
The Associate of Science Degree in Respiratory Care at Albany State University is a six Semester sequence. The first semester consists of required prerequisite and general education courses, and the remaining five semesters constitute the actual professional curriculum with integrated general education. The professional curriculum is designed to prepare the graduate to function as an advanced level Respiratory Care Professional (RCP) in hospitals, non-acute care agencies, and in home care. After successful completion of all academic and clinical requirements, the graduate will be eligible to take the entry-level exam and upon successful completion of this examination the graduate may take the advanced level examination of the National Board for Respiratory Care (NBRC), 8310 Nieman Rd., Lenexa, KS (913) 599-4200. Upon passing the NBRC entry-level exam and meeting all requirements for Georgia State licensure, the graduate may be licensed in the state of Georgia as a Respiratory Care Professional (RCP). The Composite State Board of Medical Examiners, 2 Peachtree St. NW, 36th Floor, Atlanta, GA 30303 (404) 656-3913, has the right to refuse to grant a license to any individual who has been convicted of moral and/or legal violations specified in Georgia law. The Albany State University Respiratory Care Program is accredited by the Commission on Accreditation for Respiratory Care (CoARC), 1248 Harwood Rd., Bedford, TX 76021 (817) 283-2835.

In addition to the application forms submitted to the admissions office for admission to the college, students applying to the Respiratory Program for the first time or reapplying for any reason are required to submit a separate application for selection into the Respiratory Program. Applications are available in the Health Sciences Division Office or they may be downloaded from the ASU Website for students interested in enrolling in the Respiratory Program.

To comply with the requirements of cooperating clinical facilities, the Respiratory Care program requires students to submit a completed health form.

To be considered for selection into the Respiratory Care Program, a completed program application must be received by March 1st for the upcoming Summer class. Applications received after the deadline will be considered only if the class has not been filled. The Respiratory Care Program has a limited enrollment; students are encouraged to apply as soon as possible. Students are selected on the basis of Grade point average in pre-requisite courses, Overall grade point average and number of credits earned, and completed application packet materials. An offer of acceptance is made to the applicants who achieve the highest rankings in the selection process. The selection process continues until the class is filled.

Associate Degree graduates of the Albany State University Respiratory Care Program may be eligible to receive advanced placement in the Bachelor of Science programs in Respiratory Care offered by the four-year institutions of the University System of Georgia. Students desiring to complete a Bachelor of Science in Respiratory Care should make direct inquiry to the institution of choice.

Admission Requirements:

1. Admission to Albany State University (Apply to the Admissions department)
2. Completion of all Learning Support requirements
3. Completion of the required pre-requisite and general education courses with a cumulative GPA of 2.5 or higher. In addition students must earn a grade of “C” or better in the following courses: ALHE 1115, ALHE 1120, BIOL 1100k, CHEM 1151, PHSC 1011k, and BIOL 2115.

Science courses taken more than five years prior to enrollment in the program will be evaluated by the Respiratory Program Faculty and may need to be repeated.

**Respiratory Care Program Requirements:**

1. Students will be required to submit a completed health form documenting satisfactory health status and evidence of health insurance prior to program admission.
2. The student is responsible for his/her own health in the event of illness, accident, or exposure to communicable disease in class, lab, or clinic.
3. Professional liability insurance is required prior to clinical rotations.
4. Students must earn a “C” or better in all Professional courses in order to progress to the next course in sequence. Any student failing to complete a professional course will not be allowed to continue in the program. The student may reapply for admission in the next class. Students seeking readmission will be evaluated by the Respiratory Care faculty to determine acceptability and placement in the program. Previously completed professional courses may be accepted or may need to be repeated at the sole discretion of the faculty. Students who fail to complete more than one Respiratory course (this may be two different courses or the same course twice) will be dismissed from the program and will not be re-accepted. Withdrawing from a respiratory course in lieu of failing will count as an attempt the same as a failure. Students who fail a clinical practicum must at a minimum repeat both the clinical and classroom courses covering that content.
5. Students are required to maintain a cumulative 2.0 GPA in order to graduate from the program and Albany State University.
6. The Respiratory Care Program reserves the right to discontinue, at any time, the enrollment of a Respiratory Care student if, in the judgment of the Vice President for Academic Affairs, the Dean of the Darton College of Health Professions, and the Respiratory Care Faculty, the student does not appear to have the necessary qualifications for a career as a Respiratory Care Professional. Refer to the Program Handbook for more information.
7. The student must abide by the policies and procedures of the Respiratory Care program as defined in the Program Handbook.
8. The student must possess the essential physical and mental functional requirements for the profession in the categories of visual acuity, hearing, physical ability, speech, and manual dexterity. Refer to the Program Handbook for complete information.
9. Students will have three attempts to successfully demonstrate competency of any skill taught in the laboratory or clinical practicum. This policy includes the American Heart Association ACLS course at the end of RESP 1138. Students unable to demonstrate competency after 3 attempts will fail the laboratory or clinical course, including ACLS, and will not be allowed to progress in the program. Students may re-apply according to the previously listed policies.
10. Respiratory students must demonstrate
    a. Sufficient critical thinking ability to be able to safely and effectively assess clinical situations and act appropriately.
    b. Sufficient interpersonal skills to interact successfully with co-workers, supervisors, patients and family members who may have different social, emotional, cultural and intellectual backgrounds.
c. Sufficient communication abilities both verbal and written to be able to provide patient instruction and education, complete proper documentation and communicate with physicians and other health care workers professionally.

**Additional Fees and Costs:**

1. Professional liability insurance is required prior to clinical assignment. Fees are assessed annually in the spring as part of the students Tuition and Fees.
2. Students are required to complete a series of Hepatitis B vaccinations. A series of at least 3 shots are required. Costs will vary depending on the student’s choice of provider. Students must have completed at least the first 2 shots of the series prior to clinical assignment. Additional immunizations will be required prior to clinical assignment. See the program handbook for more information.
3. Students are required to take a comprehensive self-assessment exam in their final semester. Fees for this exam are assessed in the final semester.
4. Students are required to have approved uniforms, shoes, lab coat, stethoscope, and a watch capable of reading seconds.
5. Students will complete American Heart Association BLS, ACLS, and PALS courses as they progress through the program. Fees for these courses are assessed as required. See the program handbook for more information.
6. Student membership in the American association for Respiratory Care is required. Student membership fees are $50.00.
7. Students will be required to undergo a criminal background check before clinical assignment. Darton State College uses a company called PreCheck for this purpose. Fees for this background check are assessed during the first semester of the professional curriculum.
8. Students will be required to complete a drug screen prior to clinical assignment. The Respiratory program currently uses Doctors Lab for this purpose. Students will be required to pay the laboratory for and complete this drug screen before attending any clinical rotations.
9. Students must be prepared to travel to out of town clinical assignments. These are not optional and the student is responsible for the costs of travel to these out of town facilities. See the program handbook for more information.
10. Students will be required to participate in community service events. Please refer to the Program Handbook for more information.
<table>
<thead>
<tr>
<th>Course</th>
<th>Description</th>
<th>Credit Hours</th>
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<tbody>
<tr>
<td>Spring I</td>
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<tr>
<td>ENGL 1101</td>
<td>English Composition 1</td>
<td>3</td>
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<tr>
<td>MATH 1111*</td>
<td>College Algebra</td>
<td>3</td>
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<tr>
<td>POLS 1101</td>
<td>American Government</td>
<td>3</td>
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<tr>
<td>BIOL 1100K*</td>
<td>A &amp; P for Health Care</td>
<td>4</td>
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<tr>
<td>DART 1000</td>
<td>(If required)</td>
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<tr>
<td>Summer I</td>
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<td>RESP 1100</td>
<td>Intro to RESP Care</td>
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<td>RESP 1111</td>
<td>Fundamentals of RESP Care</td>
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<td>CHEM 1151K*</td>
<td>Survey of Chemistry</td>
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<td>ALHE 1120</td>
<td>Medical Terminology</td>
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<td>Fall I</td>
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<tr>
<td>RESP 1131</td>
<td>Patient Assessment</td>
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<td>RESP 1132</td>
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<td>RESP 1133</td>
<td>Cardiopulmonary A&amp;P</td>
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<td>RESP 1134</td>
<td>Cardiopulmonary Disease</td>
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<td>RESP 2201</td>
<td>Clinical Practicum I</td>
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<td>Spring II</td>
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<td>RESP 1135</td>
<td>Mechanical Ventilation</td>
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<td>RESP 1138</td>
<td>ACLS</td>
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<td>RESP 2202</td>
<td>Clinical Practicum II</td>
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<td>PHSC 1101K*</td>
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<tr>
<td>RESP 1137</td>
<td>Specialized RESP Care</td>
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<tr>
<td>RESP 1136</td>
<td>Pediatric &amp; Neonatal RESP Care</td>
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<td>RESP 2203</td>
<td>Clinical Practicum III</td>
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<tr>
<td>BIOL 2115K</td>
<td>Microbiology</td>
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<td>Fall II</td>
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<td>A-Term</td>
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<td>RESP 2210</td>
<td>Clinical Practicum IV</td>
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<td>B-Term</td>
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<td>RESP 2220</td>
<td>Clinical Practicum V</td>
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<td>RESP 2330</td>
<td>Credential Prep</td>
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<tr>
<td>Humanities Elective</td>
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<tr>
<td>PSYC 1101</td>
<td>General Psychology</td>
<td>3</td>
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<td>75</td>
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</tbody>
</table>

*Students may take Math 1001 Quantitative Reasoning or Math 1101 Math Modeling in place of College Algebra
*Students may take BIOL 2111 and 2112 in place of BIOL 1100
*Students may take CHEM 1211 in place of CHEM 1151
*Students may take PHYS 1111 in place of PHSC 1011k
APPLICATION FORMS
Name: __________________________________________________
Address: __________________________________________________

__________________________________________________
Phone: __________________________________________________
SSN: __________________________________________________

Albany State University Application Packet Sent: Date: ______________________
All Transcripts Sent: Date: ________________________________
Albany State University Admission: Date: ________________________________
Respiratory Care Application: Attached ______________________
Hospital Visitation Form (Optional): ______________________
Personal Reference Form: 1. ______________________
2. ______________________
3. ______________________
Goals Essay: ______________________
Health Questionnaire: ______________________
Immunization Form: ______________________

For Program Use Only
SAT / ACT Score (If Applicable) ______________________
Acceptance Date: ______________________
For Class Beginning: ______________________

Albany State University
Respiratory Care Program
Application

Date: __________________________

Applicant Name: _____________________________________________________
First    Middle Initial    Last

ASU Student ID Number: ________________________________________________

Mailing Address: _____________________________________________________
Street and Number    or    P.O. Box
City    State    Zip

Home Phone: __________________________

Work Phone: __________________________
If Applicable

Cell Phone: __________________________

Social Security Number: __________________________

Email Address: ______________________________________________________

I hereby apply for admission to the Albany State University Respiratory Care program for the class beginning Summer ______________. I have read all of the attached information and understand the application and selection process.

____________________________________  __________________________
Signature  Date

Albany State University
Respiratory Care Program
Student Insurance and Medical Record
Part A: To be completed by student

Name: __________________________________________
  First       Middle Initial       Last
SSN: ___________________________      Date of Birth: __________________
Mailing Address: ____________________________
  Street or P.O. Box
  City      State      Zip
Telephone: ________________________

Health Ins. Co: ________________________      Policy Number: ________________________
Person Insured: ________________________      Personal Physician: ________________________
Emergency Contact Name: _____________________      Phone Number: ________________________

Albany State University
Respiratory Care Program
Certification of Medical Examination Form

Part B: To be completed by a Physician/PA/ARNP

This is to certify that I have examined ________________________
and find him/her to be of general good health.

_________________________  ________________________________
Date of Examination   Signature
(Physician/PA/ARNP)

This is to certify that I have examined ________________________
and find him/her to be of general good health except for the following conditions:

_________________________  ________________________________
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and September 5, each year. Submissions CANNOT be completed BEFORE August 1, or AFTER September 5, 2014 for the Fall Semester. Submission is done via the following website:

https://studentcenter.uhcsr.com/darton

Proof of coverage must be provided in one of the following ways:

1) Through a currently active parent plan.
2) Through a currently active individual or family plan.
3) Through a currently active Employer-Sponsored plan.
4) Through a currently active Albany State University Student Health Insurance Plan (SHIP).
5) Through a currently active Government Sponsored Plan.

If a student fails to provide appropriate proof of coverage during the dates stated above, the student will be automatically enrolled (via the Business Office) into plan #4 above. As of May 1, 2014, the Annual Premium rate for Plan #4 was as follows:

Student – Age 26 and Under $1,381.00
Student – Age 27 and Older $1,782.00
*These rates are subject to change without notice.

Additionally, Health Insurance coverage must be maintained by the student throughout the entire time he/she remains enrolled and actively progressing through the Respiratory Care Program. If a student fails to maintain Health Insurance coverage, then he/she will be immediately dismissed from the Respiratory Care Program for failure to maintain the mandatory coverage as required by the Board of Regents of the University System of Georgia. If you have any questions regarding this requirement, please contact the Respiratory Care Program Director, or the Health Sciences Division Office.

I have read the above statement and I understand the requirements as listed above and understand that my acceptance into the Albany State University Respiratory Care Program requires Mandatory Medical Insurance coverage.

_________________________________________  __________________
Student Signature                          Date

___________________________________________
Printed Name

Albany State University
Respiratory Care Program
Student Immunization Record
Test or Immunization

1. MMR (Measles, Mumps, Rubella)
   (Dates) ________________  ________________
   or
   Titer documenting Immunity (Date) ________________

2. Polio
   (Dates) ________________  ________________

3. PPD (within last 12 mo)
   (Date) ________________  (Results) ________________
   If Positive – Chest X-Ray (Date) ________________

4. TDAP (within last 12 mo)
   (Date) ________________

5. Hepatitis B (3 required)
   (Dates) 1. ________________  2. ________________  3. ________________
   or
   Hepatitis B Antibody Titer (Date) ________________

6. Varicella
   (Dates) ________________  ________________
   or
   Varicella Immunity titer (Date) ________________
   (Note – History of disease is no longer sufficient)

7. Influenza vaccine (current year)
   (Date) ________________

8. Meningococcal vaccine
   (Date) ________________  (only required if the student lives in the Dorms on campus)

__________________________  _________________________
Signature of Physician or Health Dept. Official  Date

Albany State University
RESPIRATORY CARE PROGRAM
HOSPITAL VISITATION FORM
(OPTIONAL)

Applicant’s Name: ______________________________  Date: ____________

Applicant’s Signature: _____________________________________________________

Hospital Visited: _________________________________________________________________________

Instructions to the applicant: Call the respiratory department of the hospital, ask for the supervisor, explain that you are an applicant to the Albany State University Respiratory Care Program, and ask to make an appointment to visit the department. Be courteous and on time for your appointment. Proper attire is mandatory for the hospital visit. Present this form to the person conducting the visit and ask them to complete it.

Respiratory Department Representative please complete

The applicant visited the following areas of the hospital: (please check all that apply)

___ Respiratory Department  ___ Labor and Delivery
___ ABG Lab  ___ Rehab Center
___ Sleep Lab  ___ Emergency Room
___ Adult Patient Floors  ___ Adult Intensive Care Unit
___ Pediatric Floor  ___ Neonatal ICU
___ PFT Lab  ___ Other ___________ (please specify)

Did the applicant observe a representative sample of the daily job requirements of a respiratory therapist?  ___ Yes  ___ No

Was the applicant interested and enthusiastic about the tour?  ___ Yes  ___ No

Did the applicant ask questions about the job or profession?  ___ Yes  ___ No

Was the starting pay for an RT explained to the applicant?  ___ Yes  ___ No

How long did the visit last?  __________________________________________

How would you rate the applicant’s interest in respiratory therapy?  1  2  3  4  5
Low  High

Signature of Department Representative: ______________________________________

When Complete Please Return To: Albany State University Respiratory Care Program Alleythea Brooks, Program Director 2400 Gillionville Road Albany, GA 31707

Albany State University
Respiratory Care Program
Financial Responsibility for Accidents

I, ____________________________________________ (Print name), acknowledge that I am personally responsible for any health care expenses that may occur as a result of any unfortunate accident, injury, or exposure to any communicable disease that may occur during any class, laboratory, or clinical practicum that is a part of the Respiratory Care Program. This includes any incidents that may occur in the hospital, during patient transports, or during travel with an assigned home care company.

I further agree that Albany State University, or any of the Respiratory Care Program’s clinical affiliates, will not be held financially responsible for any treatment I may require as a result of such an accident.

Signature: ________________________________
Date: ___________________________________
Essay

Instructions: This essay is required of all applicants to the respiratory program. The essay must be handwritten in the students own handwriting in the box provided and be limited to 250 words. The quality of the essay will be reviewed by the program selection committee and is part of the admission selection process. Neatness, spelling, grammar, and punctuation all count in the scoring process. Students should express thoughts clearly and concisely to meet the length requirement.

TOPIC: How will the Respiratory Therapy Profession satisfy my personal goals during the next five years?
Applicant Recommendation Form

Applicant: (Print Name) ____________________________________________________________

Instructions:
To the applicant: Please give this form to the person chosen to provide this recommendation for you. This person should be a professional who is able to evaluate your personal characteristics such as an employer, supervisor, teacher, physician, healthcare worker or councilor, etc. Recommendations from friends or family are prohibited.

To the person completing the recommendation form: The applicant is applying for admission to the Respiratory Care Program. We consider the following characteristics to be important for the success of students in this program. Please evaluate each of these personal characteristics of the applicant by circling the most appropriate choice using the following scale.
5 = Strongly Agree, 4 = Agree, 3 = Neutral, 2 = Disagree, 1 = Strongly Disagree, N/A = Unable to Evaluate
Please feel free to list any additional comments on the back of this form

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<thead>
<tr>
<th>Characteristic</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
<th>N/A</th>
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</thead>
<tbody>
<tr>
<td>Responsibility – Accountable for one’s actions</td>
<td></td>
<td></td>
<td></td>
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<td>N/A</td>
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<tr>
<td>Leadership – Has the capacity to direct others</td>
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<td>N/A</td>
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<tr>
<td>Initiative – Motivated to pursue actions independently</td>
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<td>Flexibility – Adapts to new or changing situations</td>
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<td>Organization – Able to arrange or order tasks efficiently</td>
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<td>Self Confidence – Assured in one’s abilities and skills</td>
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<td>Independent work - Completes tasks with minimal supervision</td>
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<td>Verbal Communication – Expresses self effectively.</td>
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How long have you known the applicant? __________________________________

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Do you  ____ Highly Recommend,  ____ Recommend

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Signature: ___________________________  Date: __________________

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Would you mind if someone contacted you about this applicant?  ____ Yes  ____ No

Thank you. To assist the applicant in completing the application process we ask that you seal this recommendation in an envelope and sign your name across the flap before returning it to the applicant. If you prefer you may mail this recommendation directly to:

Albany State University
Allethea Brooks, Program Director
Respiratory Care Program
2400 Gillionville Rd.
Albany, GA 31707

Albany State University
Respiratory Care Program
## Applicant Recommendation Form

Applicant: (Print Name) ____________________________________________

### Instructions:

**To the applicant:** Please give this form to the person chosen to provide this recommendation for you. This person should be a professional who is able to evaluate your personal characteristics such as an employer, supervisor, teacher, physician, healthcare worker or counselor, etc. Recommendations from friends or family are prohibited.

**To the person completing the recommendation form:** The applicant is applying for admission to the Respiratory Care Program. We consider the following characteristics to be important for the success of students in this program.

Please evaluate each of these personal characteristics of the applicant by circling the most appropriate choice using the following scale:

- **5** = Strongly Agree
- **4** = Agree
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Please feel free to list any additional comments on the back of this form.

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Health Science Student Acknowledgement of Accreditation Status & Employability

Accreditation and Approvals:

Albany State University is accredited by the Commission on Colleges of the Southern Association of Colleges and Schools, 1866 Southern Lane, Decatur, Georgia 30033-4097, (404)679-4501 to award Associate Degrees.

Specific programs of study and their accreditation or approval bodies:

**Dental Hygiene Program** – Accredited by the Commission on Dental Accreditation, a specialized accrediting body recognized by the United States Department of Education. The Commission on Dental Accreditation can be contacted at (312)440-2568 or at 211 East Chicago Avenue, Chicago, IL 60611.

**Emergency Medical Services Program** – Accredited by the Commission on Accreditation of Educational Program for the Emergency Medical Services Professions (CoA EMSP), 3301 Lakeview Pkwy, Suite 111-312 Rowlett, TX 75088, 214-703-8445 Ext 111

**Health Information Technology Program** – Accredited by the Commission on Accreditation for Health Informatics and Information Management Education, 233 N. Michigan Avenue, Chicago, IL 60601-5519, (312)233-1100, [www.cahiim.org](http://www.cahiim.org). This is an agency of the American Health Information Management Association (AHIMA) 233 N. Michigan Ave., Chicago, IL 60601-5519 (312)787-2672

**Histotechnology Program** – Accredited by the National Accrediting Agency for Clinical Laboratory Sciences (NAACLS), 5600 N. River Rd., Suite 720, Rosemont, IL 60018-5119 (773) 714-8880, [www.naacls.org](http://www.naacls.org)

**Medical Laboratory Technology Program**- Accredited by the National Accrediting Agency for Clinical Laboratory Sciences (NAACLS), 5600 N. River Road, Suite 720, Rosemont, Ill. 60018-5119 Phone: (773) 714-8880, fax: (773) 714-8886, [www.naacls.org](http://www.naacls.org).

**Occupational Therapy Assistant Program** - Accredited by the Accreditation Council for Occupational Therapy Education (ACOTE), The American Occupational Therapy Association, P.O. Box 31220, Bethesda, MD 20824-1220, (301)652-2682.

**Physical Therapist Assistant Program** - Accredited by the Commission on Accreditation in Physical Therapy Education, 1111 No. Fairfax Street, Alexandria, VA 22314, (703) 684-2782.

**Radiologic Science** - Joint Review Committee on Education in Radiologic Technology (JRCERT) 20 North Wacker Drive, Suite 2850, Chicago, IL 60606-3182 (312) 704-5300

THE FOLLOWING PROGRAMS ARE NOT ACCREDITED AT THIS TIME:

**Programs that are currently in the initial accreditation process:**
Diagnostic Medical Sonography

**Programs that do not have specific program accreditation agencies at this time:**
Computed Tomography
Medical Coding
Phlebotomy

As a Health Science program student at Albany State University, I hereby verify with my signature that I am aware of the accreditation or approval status of the given program that I have been accepted into.

Printed Name_________________________________________ Program ______________________________

Signature____________________________________________ Date______________________________

Employability
Albany State University does not offer formalized job placement services or guarantee employment after graduation from any Health Science program. The employability of a Health Science program graduate is dependent on changeable job market factors and variables beyond the control of Albany State University. It is the responsibility of the graduate to secure employment after program completion.

As a Health Science program student at Albany State University, I hereby verify with my signature that I understand the employability statement as written above.

Printed Name_________________________________________

Signature____________________________________________ Date______________________________

Revised February 20, 2017

Healthcare Employment Questionnaire
1. Have you ever been employed at a healthcare facility to include but not limited to hospital, physician practice, urgent care, nursing home, etc?

☐ Yes  ☐ No

If yes, please provide the following:
Facility name ______________________________
Job title___________________________________
Dates of employment________________________
Reason for leaving___________________________
Rehire status               ☐Yes             ☐ No

2. May we contact your past employer for a reference?

☐ Yes  ☐ No

If yes, please provide the following contact information.
Facility phone number________________________