

November 2012 – August 2013

Dear Prospective Student,

Thank you for considering the Washington Adventist University (WAU) Respiratory Care Program (RCP); we look forward to exceeding your expectations.

On September 1, 2010 the WAU RCP implemented a newly designed curriculum for Respiratory Care called the "AAS in 5". You can earn your Associate of Applied Science (AAS) degree in Respiratory Care in two school years (five semesters). If accepted, you can begin in August 2013, even without any college experience, and graduate in May 2015 because there are NO PRE-REQUISITES to this new 70 credit hour program. If you already have more than 24 hours of college credit hours, we will help you work toward a Bachelors degree as well.

Applications for acceptance into the fall 2013 class are accepted by the Respiratory Care Program Director at any time from November 2012 to August 2013.

- All applications received by March 31, 2013 will be competitively ranked for first priority admissions;
- Applications received by June 30, 2013 may be accepted on a space available competitive ranking basis.
- On a space available basis, qualified applications received in July and August 2013 may be accepted first-come-first-accepted.

The WAU RCP is accredited by the Commission on Accreditation for Respiratory Care (CoARC) / www.coarc.com located at 1248 Harwood road, Bedford, TX 76021-4244 / (817) 283-2835

You can find programmatic outcomes data on all accredited RC programs at: http://www.coarc.com/47.html

For more information about Respiratory Care as an occupation:

- 1. United States Department of Labor / Bureau of Labor Statistics / Occupational Outlook Handbook for Respiratory Care: http://www.bls.gov/oco/ocos321.htm
- 2. American Association for Respiratory Care: http://www.aarc.org/ on the left menu, click on "career" and then on both "Be an RT" and "Life and Breath"

Don't miss your chance to become an advanced Respiratory Care Practitioner! Get your application in for first priority consideration by **March 31, 2013.**

We look forward to your success in earning the privilege of using the "RRT" (Registered Respiratory Therapist) credential behind your name.

Vicki S. Rosette BS RRT RPFT
Program Director (PD), Respiratory Care
vrosette@wau.edu / 301-891-4187

Alvin R. Tucker BS RRT CPFT
Director of Clinical Education (DCE), Respiratory Care
artucker@wau.edu / 301-891-4188



ADMISSION APPLICATION

RESPIRATORY CARE PROGRAM (RCP)

Application Deadline: March 31

Entering: Fall 20	Graduating	: Spring 20	_
Student WAU ID#:	DOB:		Age:
Last Name:	First Name:		Gender: M F
Summer Contact Information: Mailing Address: (Acceptance letter in June)		School Year (Mailing Addre	Contact Information: ess:
Phone:		Phone:	
E-mail:			
 I understand that acceptance into the WAU competitive – not all students that a not guaranteed by simply meeting the conditional into ENGL 101 a conditional to acceptably completing physical exam, immunizations, CPF observation. 	pply will be ac he minimum re f <24 hrs), und and MATH at the g the backgrou	equirements of ergraduate, EMS ne college level and check, drug o	check, medical history,
I further understand that being a student in University requires me to know and abide to documents: • WAU Bulletin http://www.wau.edu/index.p • WAU Student Handbook • Respiratory Care Program Handbook • Clinical Affiliate Policy and Procede • AARC Statement of Ethics and Procede • Maryland state Code of Ethics, Scorpractitioners http://www.mbp.state.md.us/page	hp?option=com contents ok and course solure manuals fessional Cond pe of Practice,	l procedures outl nt&view=category&layo yllabi uct http://www.aarc.or	tined in the following out=blog&id=628&Itemid=9 g/resources/position_statements/ethics.html
By signing below I declare that, if accepted	l, I will obtain,	learn, and uphol	d these standards.
Student Signature:			Date:

ADMISSION APPLICATION RESPIRATORY CARE

Monitored Writing Proficiency Requirement

Name:	Date: _	
Explain why you are pursuing an Awwitten and at least one page in leng	AS degree in Respiratory Care. gth.	Your response should be hand-



Stude	nt Nam	e:					
Direct	Directions to the Student:						
Please	Please provide this to a professor/teacher that agrees to complete a recommendation for you.						
Direct	irections to Evaluator:						
•	Please complete this form.						
•	Send	to: Vicki Ro	sette, Respir	atory Care Pro	gram Director,	WAU	
	0	7600 Flowe	er Avenue, T	akoma Park, M	D 20912		
	0	Fax: 301-8	91-4181				
	0	Scan and at	tach to an e-	mail: vrosette@	wau.edu		
1)	How 1	long, and in v	what capacity	, have you kno	wn this studen	t?	
2)	What	are the streng	gths of this st	udent?			
3)	Please	e describe po	tential barrie	rs to this studer	nt's success in	a respiratory care	program and
	recom	nmend addition	onal resource	s that may be h	elpful.		
4)	Please	e rank this stu	ident: 1 - not	recommended	3 - neutral, 5	- Highly recomme	nded
		□ 1	\Box 2	□3	□4	□5	
	Comn	nents:					
Printe	d Name	e, Title, and S	Signature:				
Optio	nal - En	nail/ Phone:					



Student Name:						
Directions to the Student:						
Please provide this to an employer/supervisor that agrees to complete a recommendation for you.						
Directions to Evaluator:						
• Please complete this form.						
• Send to: Vicki Rosette, Respiratory Care Program Director, WAU						
o 7600 Flower Avenue, Takoma Park, MD 20912						
o Fax: 301-891-4181						
 Scan and attach to an e-mail: vrosette@wau.edu 						
1) How long, and in what capacity, have you known this student?						
What are the strengths of this student? Please describe potential barriers to this student's success in a respiratory care program and recommend additional resources that may be helpful.						
4) Please rank this student: 1 - not recommended, 3 - neutral, 5 - Highly recommended						
\Box 1 \Box 2 \Box 3 \Box 4 \Box 5						
Comments:						
Printed Name, Title, and Signature:						
Optional - Email/ Phone:						

Timeline and Checklist for Application to Graduation

□ RCP Advisor Prospective Respiratory Care (RC) students should meet with a Respiratory Care rc@wau.edu Program (RCP) advisor at their earliest opportunity and continue working with the 301-891-4187 advisor throughout the application and registration process...until graduation and Health Science "RRT"! #106 Apply to WAU through the Admissions Office. The Admission Office will inform □ WAU Admission Office www.wau.edu students of all items to be submitted along with the application form. Official 301-891-4502 transcripts from all colleges and universities attended must be submitted with payment of the admission deposit for the Registrar's Office to evaluate the transcripts. Wilkinson Hall #342 International students wishing to transfer credits must submit official transcripts accompanied by an official WES transcript. The evaluation process may take up to four NOTE: Keep a copy of everything for your own records! NOTE: Acceptance into WAU, even as a "Respiratory Care major", does not guarantee acceptance into the RC program. □ RCP Program Director After acceptance into WAU and transcript evaluation, the prospective student submits the RCP Admission Application directly to the RC Program Director. □ Interview with Program Director or other member of RC Admissions Committee □ WAU RCP Admissions Application Form – submit to RC Program Director ☐ Monitored writing sample □ Documentation of "good standing" with previous RC program, if applicable □ Printout of unofficial transcript that contains RC credit, if applicable ☐ Application for state RCP licensure (Do not include any payment. Do not send to state) □ Documentation of all paid and volunteer experience in healthcare ☐ Printout of "Grade Report" from https://my.wau.edu □ GPAs ≥ 2.75: HS (if<24hrs), cumulative, English/Math/Science (EMS) □ ENGL 101: Grade of "C" or higher or placement & registration □ MATH 1##: Grade of "C" or higher or placement NOTE: Meeting the minimum criteria does not guarantee acceptance into the RCP. MARCH 31 **Deadline for Application for Admission to RCP** Acceptance/Denial letters sent out. NOTE: Acceptance to the RCP is subject to JUNE satisfactory completion of all criteria listed below by August 15. □ RC shadow observation: 8-12 hrs □ WAU Medical Hx, Physical Exam, Immunizations □ Certified Background and □ Drug check (\$120) – http://www.certifiedbackground.com / code: co75 □ Recorded reading sample □TEAS test (\$40) □ CPR card: American Heart Association – Health Care Provider – Basic Life Support

□ Uniform: solid "ceil blue" (sky blue) scrubs, white enclosed shoes, labcoat □ Equipment: stethoscope, watch with second hand, small calculator, black ink (last day to enter classes) Registration: (start date),

(day/date),

(time)

70 credit hours in two school years Program:

Orientation:

Five semesters including the summer / 20 months

□ Clearance Sheet from WAU Finance Office

Associate of Applied Science "A.A.S." degree – Advanced RC Practitioner **Graduation:** "CRT"→"RRT": Credentials should be earned by the end of June two years after first enrollment. WASHINGTON ADVENTIST UNIVERSITY

"AAS in 5" Class Schedule

Respiratory Care Program

This sample is based on the WAU Course Schedule for the 2011-2012 school year

AdtaCourseSchedlesforfutreschodyeerswikelyvery

DEADLINE FOR APPLICATION TO THE RESPIRATORY CARE PROGRAM FOR FALL 2012:

MARCH 31, 2012

FALL SEMESTER / ORENTATON to the Respiratory Care Program 5 (?) Tues., August 21, 2012, 9:00 am - 3:00 pm, HS 111 - Attre: Scrubs FRST DAY OF CLASS: (?) Mon., August 27, 2012 / FNAL EXAMS: (?) Tues., December 11 to Thurs., December 13, 2012

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	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRDAY
800AM					
905AM	ENGI01		ENGI01		ENGI01
10:10AM	RESP105		RESP105		RESP105
1115AM	Assembly	BOL110	Chapel	BOL110	RESP105Lab
1200PM	Lunch	11:15am1235pm	Lunch	11:15am1235pm	230600pm
1240PM		Lunch		Lunch	11:15an200pm
100PM		NTD105		HLSC175@)	
205PM		HLSC175@)	RESP105	BOL110Lab	
3:10PM			MahLab	205455pm	
4:15PM			200500PM		
520PM					
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RESP105LabSklb	0	FoundabnshRCSklsLab	HS111	F#1115an200pm	VRosete		
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BOL110Lab	0	VaBasicA&PofLie	SB107	Thu@05450pm	CBaid		
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700AM					
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905AM	RESP301	CLNCALS	8001000AM	CLNCALS	8001000AM
10:10AM	RESP240		RESP240		RESP240
1115AM	Assentoly	630antb430pm	Chapel	630antb430pm	RESP301
1200PM	Lunch	ΘF	Lunch	- OF	Lunch
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205PM	100220PM	ΘF	100220PM	€F	
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600PM					
Nght					

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RESP301	2	CadiopuhonayPahophysiobgyl	HS111	Mbn9054000am -	VRose t	\$35	
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RESP215Lab	0	MechanicaMenlabnLab	HS110	MV,1230330pm	ATucker		
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Documentation of Respiratory Care Shadow Observation

Name of Prospective Respiratory Care Student:									
Date of Shadow C	Observation:								
Time started:	Time ende	ed: Time elapsed:							
PLACE OF OBSE Institution:	ERVATION: (name)								
	(address)								
	(city, state, zip code) _								
Care unit:	emergency dept. pulm function lab ICU(s) (list types): other:								
PRACTITIONER		CDT DDT NO							
Name:		_ CRI KRI NP	S CPFT RPFT ACCS SDS						
Name:		_ CRT RRT NPS CPFT RPFT ACCS SDS							
Name:		_ CRT RRT NPS CPFT RPFT ACCS SDS							
COMMENT(s):									
Signature of Respirat	tory Therapist:								