



AMERICAN RIVER COLLEGE
4700 COLLEGE OAK DRIVE
SACRAMENTO, CA 95841-4217
www.arc.losrios.edu

APPLICATION FOR
SPRING 2009 IS DUE
FRIDAY, OCTOBER 17, 2008

INFORMATION PACKET FOR SPRING 2009 ASSOCIATE DEGREE PROGRAM IN RESPIRATORY CARE

PROGRAM INFORMATION

The respiratory care practitioner is a healthcare specialist involved in the therapy, management, diagnostic evaluation, education and care of patients with deficiencies and abnormalities that affect the cardiopulmonary system. The diagnostic and therapeutic responsibilities include the administration of medical gases, aerosols, environmental control systems, life-sustaining mechanical ventilation, medications, chest physical therapy, and specialized cardiopulmonary procedures. The respiratory care practitioner works closely with the physician in assessing the patient and planning the proper respiratory care protocol.

The two-year Respiratory Care program is designed to prepare the student for employment and to participate as a member of the healthcare team by providing direct patient care. Experience in respiratory care is provided in selected local hospitals where the student has learning experiences that are supervised by the American River College faculty.

The program is accredited by the Commission on Accreditation of Allied Health Programs through the Committee on Accreditation for Respiratory Care. Further information regarding the respiratory care profession is available at the Respiratory Care program website <http://web.arc.losrios.edu/edhealth/respcare.html> or at 916-484-8670 or by e-mail to viduyal@arc.losrios.edu.

STATE LICENSE AND NATIONAL REGISTRATION AND CERTIFICATION

Successful completion of the Respiratory Care program qualifies the graduate for an Associate in Science degree and eligibility to apply for: (1) the examination for the respiratory care practitioner license issued by the California Respiratory Care Board, and (2) the national registry examination for advanced practitioner (registered respiratory therapist) which is administered by the National Board for Respiratory Care.

ACADEMIC AND PROFESSIONAL REQUIREMENTS

A grade of "C" or better is required in BIOL 430, BIOL 431, BIOL 440, CISA 305, CISA 315, CISC 300, ENGWR 300 OR ESLW 340, MATH 100, PHYS 310, PSYC 300 and in all respiratory care courses. Safe, ethical, and professional levels of practice are necessary for retention of students in the respiratory care program. The student is responsible for providing laboratory coats, malpractice insurance, transportation to off-campus facilities, and fees for standardized national testing. There may be morning, afternoon, evening or weekend clinical experiences in a variety of clinical settings with limited notice.

NOTE: The respiratory care program at American River College is a career-orientated program employing learning based outcomes along the educational pathway. An example of this is the Certified Respiratory Therapist (CRT) assessment examination, also called the entry-level assessment examination. Students must successfully complete the CRT assessment examination during the third semester of the program. Students failing to meet this cut score will not be permitted into the final semester of the respiratory care program. Students are also required to complete advanced standardized national exams in the fourth semester.

NOTE: In accordance with Article 5 of the Respiratory Care Practice Act, a person convicted of any offense other than a minor traffic violation may not qualify to be licensed as a Respiratory Care Practitioner. Questions regarding this matter must be directed to the Respiratory Care Board, or visit their website at www.rcb.ca.gov.

REQUIREMENTS FOR PRE-ENROLLMENT IN THE RESPIRATORY CARE PROGRAM

1. Graduation from an accredited high school in the United States or successful completion of General Education Development (GED) or California High School Proficiency Exam (CHSPE) as defined by the current requirements of the State of California and the National Board for Respiratory Care:
 - a) Students with a high school diploma from a school outside the United States must have transcripts evaluated by an approved independent agency. Such cases will be evaluated on an individual basis.
 - b) Students who possess an Associate of Arts/Associate of Science degree or higher from an accredited college are exempt from the educational requirement stated above.
 - c) Students who have attended college outside the United States must have transcripts evaluated by an approved independent agency, demonstrating AA/AS degree or higher. Such cases will be evaluated on an individual basis.

REQUIREMENTS FOR PRE-ENROLLMENT IN THE RESPIRATORY CARE PROGRAM (CONT'D)

2. BIOL 430 with a grade of "C" or better
3. MATH 100 or equivalent college level algebra course with a grade of "C" or better
4. A cumulative college G.P.A. of 2.0 (except degree major courses which require a "C" or better)
5. A current Curriculum Planning Summary Sheet.
NOTE: For the initial evaluation of all transcripts and previous coursework and to determine if the above eligibility requirements have been met, an appointment must be scheduled with an ARC counselor at (916) 484-8572. For course equivalency of pre-respiratory care and degree major courses completed outside of the Los Rios Community College District, students must provide course descriptions (from the semester in which the courses were completed).

REQUIREMENTS FOR DEGREE MAJOR

BIOL 430, BIOL 431, BIOL 440, CISA 305, CISA 315, CISC 300, ENGWR 300 or ESLW 340, MATH 100, PHYS 310, PSYC 300, RC 110, 111, 112, 113, 120, 121, 122, 123, 130, 131, 140, 141

COURSES REQUIRED FOR THE ASSOCIATE DEGREE IN RESPIRATORY CARE

Prerequisites	Course Sequence for Degree Major	Additional Graduation Requirements ⁶
BIOL 430 ¹ MATH 100 (or college level Algebra course)	BIOL 431 BIOL 440 ¹ CISA 305 CISA 315 CISC 300 ENGWR 300 or ESLW 340 PHYS 310 ² PSYC 300 RC 110, 111 ³ , 112, 113 (Semester 1) RC 120, 121, 122 ⁴ , 123 (Semester 2) RC 130 ⁵ , 131, 132 (Semester 3) RC 140, 141, 142 (Semester 4)	Humanities Social and Behavioral Sciences Living Skills Ethnic/Multicultural Studies Reading Competency

PREREQUISITES AND COREQUISITES FOR DEGREE MAJOR COURSES

1. BIOL 430 has prerequisites of CHEM 305, CHEM 309, or CHEM 400 with a grade of "C" or better
2. BIOL 440 has prerequisites of CHEM, 305, 309, or CHEM 310 with a grade of "C" or better
3. PHYS 310 has an advisory of MATH 100
4. RC 111 (first semester) has a corequisite of BIOL 431
5. RC 122 (second semester) has a corequisite of PHYS 310
6. RC 130 (third semester) has a prerequisite of BIOL 440
NOTE: ALL science courses must be completed with a grade of "C" or better in the applicable prerequisite sequence before entering the third semester of the program.
7. Students must complete the general education graduation requirements for an A.S. Degree. Please see a counselor to obtain your educational plan.

PRE-ENROLLMENT APPLICATION DEADLINE

Applications are available from the Health and Education Division office, or the respiratory care website at <http://web.arc.losrios.edu/edhealth/respcare.html>.

Spring 2009 Admission: Applications are due in the Health and Education Division office, Room 770, by 4:00 p.m. Friday, October 17, 2008.

ELIGIBILITY REQUIREMENTS AND PRE-ENROLLMENT APPLICATION PROCESS

All items in the pre-enrollment application process are extremely important. Students who omit any part of the required information will not be considered for admission to the Associate Degree Respiratory Care program.

1. Students who are interested in applying for the Respiratory Care program should begin preparing and planning ahead early in the fall semester by requesting and/or compiling the support documents in Item 3 below to be evaluated and included in the pre-enrollment application. This process may take several weeks.
2. Students should schedule an appointment with the Counseling department by calling (916) 484-8572. The deadline to obtain a Curriculum Planning Summary Sheet for the spring semester is **Friday, October 3, 2008**. Keep in mind that appointments are made two weeks in advance, so please do not wait until the last minute.
3. **Student Checklist:** The following documents must be brought to the counseling appointment:
 - ___ High school transcript with graduation date highlighted, GED Scores, CHSPE Certificate of Proficiency, or proof of AA/AS degree or higher
 - ___ Grades in progress: If you are currently taking a pre-respiratory care course, a "Grade in Progress" form must be completed by your instructor and submitted with your pre-enrollment application. (Your instructor should send the "Final Grade Verification" form to the Health and Education Division office at the end of the current semester. These forms are available from the Health and Education office).
 - ___ All college transcripts:
 - Unofficial** transcripts from the Los Rios Community College District (ARC, SCC, CRC, FLC)
 - Official (sealed)** transcripts from schools outside the Los Rios Community College District
 - NOTE:** All transcripts must accompany your pre-enrollment application; do not have them mailed separately to Records and Admissions or the Counseling department.
 - ___ Copies of course descriptions of classes completed outside the Los Rios Community College District for evaluation of equivalency. Descriptions must show clear page numbers, year, and catalog identification.
 - ___ Completed pre-enrollment application form
4. At the counseling appointment, the counselor will determine if educational requirements and pre-respiratory care prerequisites have been met. Pre-respiratory care courses that are in progress will also be noted. In addition, the counselor will evaluate your progress toward graduation requirements and coursework from other colleges for equivalency to ARC courses. The Curriculum Planning Summary Sheet will be completed during this appointment.
5. Submit complete packet and support documentation to the Health and Education Division office. (See "Counselor Checklist" on Pre-Enrollment Application form).

SELECTION PROCESS

1. Selection is based on a computerized random selection process from among the qualified applicants.
2. Only students who meet the educational and pre-respiratory care requirements, and follow the pre-enrollment procedures will be considered for the program. Meeting all of these requirements does not guarantee enrollment in the program.

ACCEPTANCE

1. Students will receive notification of acceptance **by mail** approximately four (4) weeks after the submission deadline. Please do not call the Health and Education Division office or the Counseling department, as phone verification **will not** be provided.
2. Once accepted to the Respiratory Care program, students must provide the following, at their own expense:
 - a. Health History and Report of Medical Examination with required inoculations prior to the first day of class
 - b. Drug screening test
 - c. Current CPR certification (such as BLS Healthcare Provider through the American Heart Association)
 - d. Proof of malpractice insurance (malpractice insurance is not refundable)
 - e. Background check (required by clinical facilities)



AMERICAN RIVER COLLEGE
ASSOCIATED DEGREE PROGRAM IN RESPIRATORY CARE

APPLICATION FOR SPRING 2009
DUE: Friday October 17, 2008

Please Print or Type:

1. Name _____ LRCCD Student ID No. _____
Last First Middle

Previous last name(s) that may appear on your records: _____

Mailing Address _____
Number and Street City State Zip Code

Telephone Nos.: Home _____ Cell _____ Work _____ Email _____

2. High school last attended _____ City, State _____

Did you graduate? Yes _____ No _____ If no, GED or CHSPE? _____ *Applicant must provide unofficial U. S. high school transcript, GED scores, or CHSPE Certificate of Proficiency*

Colleges Attended (including ARC, CRC, FLC, and SCC) *Applicant must provide official transcripts and course catalog descriptions for class equivalency evaluation for colleges outside of Los Rios Community College District*

Name of Institution	City and State	Dates of Attendance	Units	Degree Received & Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

3. Have you been licensed to practice in any field of health care? Yes _____ No _____

If yes, please describe: Licensed as _____

License No. _____ Date Licensed _____ Expiration Date _____

Are you currently employed with a local health care agency? If yes, list agency and position _____

4. Person to be notified in case of emergency: Name _____ Relationship _____

Address _____
Number and Street City State Zip Code

Telephone Nos.: Home _____ Cell _____ Work _____

5. _____
Applicant Signature Date

STUDENTS: Please provide the following information regarding prerequisite courses for course work validation.

Prerequisite Courses	Name of College Where Completed	Course Name & Number	Semester & Year Completed	Grade Points (OFFICE USE ONLY)
BIOL 430				
MATH 100 (or college level algebra course)				

FOR OFFICE USE ONLY: Cumulative College GPA (2.0) _____

COUNSELOR CHECKLIST

A complete pre-enrollment packet must include the following items:

1. _____ Transcript with graduation date highlighted from an accredited high school in the United States, GED Scores, CHSPE Certificate of Proficiency, or AA/AS degree or higher documented on an accredited college transcript. Transcripts from a high school or college outside of the United States must be evaluated by a NACES approved independent agency.
2. _____ "Grades In-Progress" form for pre-respiratory care courses, if applicable. Students can request instructors submit the "Final Grade Verification" form to the Health and Education Division office by the end of the current semester.
3. _____ All college transcripts:
UNOFFICIAL transcripts from colleges within the Los Rios Community College District (ARC, SCC, CRC, FLC)
OFFICIAL (sealed) transcripts from schools outside the Los Rios Community College District
4. _____ Course descriptions for equivalency from classes completed outside of Los Rios Community College District. (Descriptions must show clear page numbers, year, and catalog identification)
5. _____ Curriculum Planning Summary Sheet from counseling appointment
6. _____ Pre-enrollment application completed in its entirety

Counselor Signature/Print Name

Date

Your complete pre-enrollment packet **must be received** in the Health and Education Division office, Room 770, by **Friday, October 17, 2008**. If you wish to send your application by mail, please send it to: American River College, Health and Education Division Office, Respiratory Care Program, 4700 College Oak Drive, Sacramento, CA 95841-4286. American River College will not be responsible for applications lost in the mail.

NOTE: If any item is missing, the pre-enrollment packet will not be processed and will be returned to applicant.

REMINDER: Students will receive notification of acceptance **by mail** approximately four (4) weeks after the submission deadline. Please do not call the Health and Education office or the Counseling department, as phone verification **will not** be provided.

Demographic Survey

(Confidential Use Only)

The information below is requested for compliance with United States Department of Education reporting procedure. This data will be used for statistical purposes only and will be kept separate from your application.

I. ETHNICITY (Please check one)

- American Indian/ Alaskan Native (1)
- Asian/Pacific Islander (2)
- Black (not of Hispanic Origin) (3)
- White (not of Hispanic Origin) (4)
- Hispanic (5)
- Filipino (6)
- Other _____ (7)
- Decline to provide (8)

II. GENDER (Please check one)

- Male
- Female

III. AGE

Thank you for your assistance.

American River College does not discriminate on the basis of age, color, creed, disability, marital status, veteran status, national origin, race, or sex.