



BUTTE COLLEGE

Dear Respiratory Care Program Applicant:

Thank you for your interest in the Butte College Respiratory Care Program. Our next class will begin in August 2012. **Applications must be received in the Health Occupations Office before 5:00 p.m. on February 28, 2012 in order to be processed. Postmarks and physical locations other than the Health Occupations Office will not constitute valid submission.** Attached is an application for admission to the Respiratory Care Program. PLEASE READ THE APPLICATION INSTRUCTIONS CAREFULLY!

All prerequisites must be completed before the program starts. Priority placement in the program will be given to students who have completed all prerequisites by the application deadline. Any remaining seats will be filled with students whose prerequisites are in progress at the time of application. (Students who have not yet enrolled in all prerequisites by the application deadline are ineligible to apply.)

If the number of qualified applicants in any one of the above categories causes the program to exceed its approved capacity, following State of California education code, we will select our students using a computer-generated random selection process. Individuals not initially selected will be placed on a wait list to fill vacancies as they occur in the Fall 2012 class. Those applicants not selected for the Fall 2012 class will be placed on a wait list for the Fall 2013 class. It is the student's responsibility to keep his/her name correct and current on the list. All wait listed students must reapply each year to confirm their interest in the program or their name will be removed from the wait list.

For further information concerning application procedure and prerequisites, contact the Health Occupations Office at (530) 879-4310.

Sincerely,

Donna Davis, Program Director
Respiratory Care

APPLICATION INSTRUCTIONS

1. If you have not previously attended Butte-Glenn Community College, apply to the college (application available online) to obtain a student ID#. Do NOT submit your application prior to obtaining your ID#.
2. Fill out the application completely (incomplete applications will NOT be considered).
3. Submit the items below to the Health Occupations Department as a package—do NOT send transcripts separately and do NOT include any extra materials (e.g., letters of recommendation, certificates, etc.) not requested:
 - a. Completed RT application
 - b. Official college transcripts documenting successful completion of all prerequisite courses, math competency and any completed corequisite courses¹
 - c. Course descriptions for all prerequisite/corequisite courses taken at other colleges
 - d. Copy of high school transcript or high school diploma or GED documentation²

If you wish to have confirmation of receipt of your application, please either hand deliver it and have the recipient sign for it or send it certified mail, return receipt requested (we will not answer telephone inquiries regarding receipt). The Health Occupations Office will send you an e-mail advising you of the status of your application after it is reviewed if it is received early enough. We recommend that you submit your application package as soon as it is complete to allow time for any questions the Department might have regarding the information submitted.

¹ You do not need to submit Butte College transcripts. Other official college transcripts should be sent to you for inclusion with your application package (do NOT open them!). If you are sure that all required documentation is already on file and current with Butte College Admissions and Records, please check the appropriate box on the application.

²You do not need to submit high school documentation if any one of your transcripts documents completion of a higher degree (e.g., A.A., B.S., etc.). NOTE: Butte College (Admissions and Records) does not keep copies of high school transcripts that have been submitted previously.

STUDENT FINANCIAL ASSISTANCE

Financial aid is available for qualified students attending Butte College. Such aid may be in the form of loans, grants, or fee waivers. For more information or an application, contact: **Butte College Financial Aid Office, (530) 895-2311.**

ACADEMIC ACCOMMODATION POLICY

Students have the right to request reasonable modifications to college requirements, services, facilities or programs if their documented disability imposes a functional educational limitation or impedes access to such requirements, services, facilities, or programs.

A student with a disability who will be requesting modification, accommodation, or access to an auxiliary aid is required and responsible for identifying himself/herself to appropriate instructors (s) and, if desired, to the Disabled Students Programs and Services (DSPPS office). In either event, the student is responsible for providing appropriate documentation of his/her disability.

Please consult with the Program Director to discuss your individual situation if you are not sure that you will be able to meet the program requirements.



Technical Standards for the *Respiratory Care Program*

Issue	Standard	Examples
Hearing	<p>Auditory ability sufficient to hear, understand, and clearly communicate with patients and staff.</p> <p>Ability to hear, discriminate, and assess patient sounds</p>	<p>Communicate and interact with patients and families from a variety of backgrounds</p> <p>Follow verbal instructions</p> <p>Use a stethoscope to hear heart and breath sounds</p>
Mobility	<p>Mobility and strength sufficient to support and move patients</p> <p>Able to work remaining in a standing position for 15 to 30 minutes</p> <p>Able to move quickly from place to place to perform patient care</p>	<p>Support and transfer patient safely from bed to wheelchair, and to modify patient position in bed</p> <p>Reach above shoulder height to manipulate equipment</p> <p>Strength to lift a 25 lb. gas cylinder from carrier and replace</p>
Motor Skills (fine)	<p>Fine motor skills sufficient to provide safe and effective patient care</p>	<p>Operate and manipulate equipment</p> <p>Manipulate a syringe and needle to prepare medications or draw blood from patients</p> <p>Administer aerosols, suction patient, adjust flow gauges, secure endotracheal tubes</p>
Motor Skills (gross)	<p>Perform multiple motor tasks simultaneously. Ability to lift, move, position, and transfer patients to provide safe and effective bedside care</p>	<p>Roll heavy equipment or patient bed in and out of patient care areas</p> <p>Perform airway management and CPR</p> <p>Lift and move patients safely</p>
Tactile	<p>Tactile ability to assess patient condition and response to therapy.</p>	<p>Distinguish textures, degrees of firmness, temperature, vibration, and arterial pulse rate and strength</p>
Visual	<p>Ability sufficient to monitor and assess patient and equipment function to provide safe and effective patient care</p>	<p>Read written instructions and orders</p> <p>Read fine print, instruments, and gauges</p> <p>Differentiate color and character of sputum</p> <p>Write legibly so as to chart procedures and observations in a permanent medical record</p> <p>Ability to see and discriminate between a variety of equipment visual alarms</p>



RESPIRATORY CARE PROGRAM APPLICATION
FALL 2012

Applications must be received in the Health Occupations Office before 5:00 p.m. on February 28, 2012 in order to be processed. Postmarks and physical locations other than the Health Occupations Office will not constitute valid submission.

It is the responsibility of the applicant to complete the application and provide all required documentation to the Health Occupations Department by the application deadline. Do NOT submit prior to obtaining a Butte ID#.

NAME (Last) (First) (Middle) BUTTE ID#

MAILING ADDRESS (Street) (Apt. #) SOC SEC NO.

(City) (State) (Zip) DATE OF BIRTH

PREFERRED PHONE # (Home/ Work/Cell) ALT. PHONE # (Home/Work/Cell) (Circle one) (Circle one)

E-MAIL ADDRESS (required)

PERSON TO NOTIFY IN CASE OF EMERGENCY: NAME: PHONE #

NAME USED IN HIGH SCHOOL IF DIFFERENT FROM ABOVE:

NAME AND ADDRESS OF HIGH SCHOOL:

ATTACHED: DIPLOMA: GED:

LIST ALL SCHOOLS ATTENDED AFTER HIGH SCHOOL:

Table with columns: SCHOOL, DATES ATTENDED, TRANSCRIPT. Includes checkboxes for Attached and Already on file.

ACADEMIC DEGREES COMPLETED:

Table with columns: DEGREE & MAJOR, DATE, COLLEGE

Name: _____
 Last First

Butte ID #: _____

PREREQUISITE DOCUMENTATION

****Attach course descriptions for courses below that were not taken at Butte College****

(course names and numbers are not required for Butte courses)

PREREQUISITES:	School Where Completed	Course Name (e.g., Algebra I)	Course # (e.g., PSY 2)	# Units	Grade	Semester/Year Taken	
						<u>Semester</u>	<u>Year</u>
BIOL 15 Microbiology	_____	_____	_____	_____	_____	F W S Su	_____
CHEM 110 Intro to Chemistry	_____	_____	_____	_____	_____	F W S Su	_____
BIOL 20 Human Anatomy	_____	_____	_____	_____	_____	F W S Su	_____
MATH 108 Beginning Algebra (or test)**	_____	_____	_____	_____	_____	F W S Su	_____
CO-REQUISITES:							
BIOL 21 Human Physiology	_____	_____	_____	_____	_____	F W S Su	_____
ENGL 2 Reading & Comp.	_____	_____	_____	_____	_____	F W S Su	_____
PSY 2 or 4: Psychology	_____	_____	_____	_____	_____	F W S Su	_____
CMST 2 or 4: Speech	_____	_____	_____	_____	_____	F W S Su	_____
Humanities (one course)	_____	_____	_____	_____	_____	F W S Su	_____
Physical Education Activity	_____	_____	_____	_____	_____	F W S Su	_____
Physical Education Activity	_____	_____	_____	_____	_____	F W S Su	_____

The Respiratory Care Program meets the Multicultural Breadth Requirement.

**Beginning Fall 2009, first time students and students not covered by previous catalog rights must complete a math course higher than MATH 108 in order to graduate with an associate's degree. Students should contact the Counseling Office with questions regarding this new graduation requirement.

SCIENCE LAB CERTIFICATION: I certify that, for each of the science courses listed above, I have participated in a face-to-face, classroom lab, i.e., no portion of the lab was online. _____ (initials)

TECHNICAL STANDARDS CERTIFICATION: Respiratory Care Practitioners are frequently required to lift and move heavy objects and to make clinical judgments based on observable color and subtle changes in barely audible sounds. **I have read and can meet the Technical Standards for the Respiratory Care Program (attached).** _____ (initial)

NOTE: A HISTORY OF DRUG OR ALCOHOL - RELATED CONVICTION(S) , OR CONVICTION FOR ANYTHING OTHER THAN TRAFFIC VIOLATION(S) , MAY DELAY, OR IN SOME CASES PREVENT, A GRADUATE FROM BEING GRANTED A RESPIRATORY CARE PRACTITIONER LICENSE BY THE STATE OF CALIFORNIA. If this applies to you, please e-mail Donna Davis, Program Director (davisdo@butte.edu) to discuss, in strictest confidence, your situation.

STUDENT STATEMENT: I certify that the statements I have made on this application are true and complete. I understand that any misrepresentation or omission of data may result in denial of enrollment or dismissal from the program.

SIGNATURE: _____ DATE: ___ / ___ / _____

RETURN COMPLETED APPLICATION TO:

Health Occupations Department-AHPS 215
 Butte Community College
 3536 Butte Campus Drive, Oroville, CA 95965