THE APPLICATION DEADLINE IS NOVEMBER 15, 2017

Dear Applicant,

Thank you for your interest in our Associate in Applied Science Degree for Certified Respiratory Therapist (CRT) and Registered Respiratory Therapist (RRT) training at Cochise College. The two year program is approved for Respiratory Care training under the auspices of the *A.M.A., and CoARC. Please find enclosed the general information that will be of benefit to your understanding of the program.

More information can be found at the American association for Respiratory Care (AARC) website, www.aarc.org.

If at any time you have additional questions, please feel free to call, write, or stop by the College, so we may be of assistance to you. We look forward to hearing from you.

Sincerely,

Noelle Coats, BS, RRT
Program Director
(520) 452-2613
canuts@cochise.edu

Accreditations

Committee on Accreditation for Respiratory Care, 1248 Harwood Road, Bedford, TX 76021-4244
(817) 283-2835 www.CoARC.com

*A.M.A. – American Medical Association
Program Description/Introduction

Respiratory Care is one of the newest in the allied health professions. Its sophistication has come about through the latest advances in biomedical engineering, computer technology, aerospace research, applied physiology, and medicine. The Respiratory Therapist is the health care professional responsible for basic life support systems (artificial ventilation) as applied to the management of patients with cardiopulmonary disease. The Associate in Applied Science Degree for Certified Respiratory Therapist (CRT) and Registered Respiratory Therapist (RRT) training is a two year program.

There are **five pre**-admission requirements that must be completed prior to admission to the program. The Respiratory Therapy Program Coordinators require the following on file in the Health Sciences Offices by the application deadline.

1. _____Complete the Cochise College application form in the **Admissions Office**. (if first time Cochise college student)

2. _____Complete the Respiratory Therapy Program application form. Your signature is required and must be returned to the Health Sciences Office. Early application submission is advised.

3. _____Proof of high school graduation or its equivalent, (GED). Please send transcripts, high school and college. Forms are available from the Cochise College Records Office. Students who have completed college course work outside the United States must also submit documentation of enrollment/completion of English as Second Language (ESL) courses.

   (NOTE: Transcripts are to be sent to the Cochise College Records Office. The student is responsible for submitting the Advisor request form.

4. _____Completion of program pre-requisites to include: Math, Sciences, and English, Liberal Arts requirements for the AAS degree.

5. _____The student must also schedule an individual advising session with Noelle Coates Program Director or Noelle Coats, Clinical Education Director. Phone (520) 515-5491 or 520-452-2613

   It is suggested that the student schedule this advising session after having completed steps 1-4 listed above. This session provides: individualized advising, allows students to ask questions about the program, and permits students to review their admission file.

Once accepted into the program, the students will begin a two year intensive study and actively participates in the practice of clinical procedures 2-3 full days per week at local hospital affiliates. Upon successful completion of the program, the student is granted an Associate in Applied Science Degree. New graduates complete the entry level examination administered by the National Board for Respiratory Care (NBRC). Passing this exam affords the national credential of CRT. As a CRT, the individual is also eligible for Licensure with the Arizona Board of Respiratory Care. Once passing the CRT exam students complete the National Registered Respiratory Therapist (RRT) exams (written and clinical simulations). Upon successfully completing these exams the Respiratory Care Practitioner receives the credentials of RRT.

Applicants often ask about job availability. Career mobility (professional and geographical) is available. Please note that positions may be limited in the local area.
I plan to begin the program in: Spring

Please print clearly

Legal Name (Last) (First) (Middle)

Address (Street)

(City) (State) (Zip)

Former Name(s) which may appear on transcripts

Home Phone Number Cell Phone Number

Email Address

Student ID #

Person to Notify in an Emergency Phone Number

Address

Are you currently enrolled in college? [ ] Yes [ ] No

If “Yes”, Name of institution: ____________________________________________

Address: ________________________________________________________________
Previous Colleges Attended:

Name of Institution: _______________________________________________________

City & State: ____________________________________________________________________

Dates of Attendance: From: ___________________ To: __________________

Degree or Diploma: ____________________________ Major: __________________________

Name of Institution: _______________________________________________________

City & State: ____________________________________________________________________

Dates of Attendance: From: ___________________ To: __________________

Degree or Diploma: ____________________________ Major: __________________________

List any prerequisite classes and grades earned:

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

List any health care experience:

___________________________________________________________________________

___________________________________________________________________________

Please note: submit one unofficial transcript of all colleges attended, for advising with Respiratory Therapy Program application. Additionally, an OFFICIAL transcript from each institution attended will need to be submitted to our Records office for evaluation of degree requirements. For more information on evaluation of transcripts or the transfer of international credits, please visit http://www.cochise.edu/transfer-to-cochise.

Mail Official transcripts to:

Cochise College
Transcript Evaluations
901 N. Colombo Avenue
Sierra Vista, AZ 85635

List any health care experience:
Certification

I certify that the above statements are true, correct, and complete. I understand that any false statements or intentional misrepresentation of information on this application may be prevent acceptance to the program, dismissal from the Respiratory Care program and from Cochise College.

_______________________________________________  ________________________________
Signature                                           Date

Completed applications and unofficial transcripts may be submitted in person or mailed to:

Noelle Coats, BS, RRT
Program Director of Respiratory Care
901 N. Colombo Avenue
Sierra Vista, AZ 85635
520-452-2613

*Note: Application to the program does not guarantee acceptance, nor does acceptance guarantee completion of the program.
All students entering the clinical portion of the program will need to complete the following:

(Students will be expected to pay for and comply with these requirements.)

1. **Statement of Health (Completed prior to first clinical rotation)**

   Applicants admitted to health programs must complete and submit a physical history and physical examination which certifies that their health status will allow them to safely pursue the educational objectives of the Associate in Applied Science degree for Certified Respiratory Therapist (CRT) and Registered Respiratory Therapist (RRT) training. The physical examination must include a TB skin test, chest X-ray if indicated, and Rubella, Rubeola, Varicella and Mumps titers to determine immunity. If no immunity exists, then the student must obtain appropriate vaccinations. The Hepatitis B vaccine is also required. Any future testing required by clinical affiliates or by state law is also the responsibility of the student.

   Students with chronic medical problems such as diabetes, heart disease, epilepsy and physical limitations will be required to submit a report of current health status relating to their specific condition. The statement will include the physician’s assessment as to the student’s ability to meet the program objectives and the current medication, which the student is required to take for maintenance. The statement of health must be signed by the physician. Students are responsible for their own medical care and health insurance.

2. **Annual Drug testing is mandatory** for all Cochise College Health Care students. *(Completed prior to first clinical rotation)*

3. **Fingerprint Cards and background checks are also mandatory.** Fingerprinting and criminal backgrounds will be required by the various healthcare facilities that we utilize for clinical education. **A complete criminal background check will be completed prior to program beginning. It is not guaranteed that medical facilities or state certification boards will process applications containing confirmed criminal activity.**

4. **Transportation** — students are required to have their own transportation. Clinical sites will be assigned to meet the needs of all students and the program. There are no guaranteed individual clinical placements. Cost for transportation to clinical sites is at the student’s expense. There may be an additional cost for accommodations at the student’s expense.

**Rules, Regulations and Procedures**

Students are expected to comply with the rules, regulations, and procedures of Cochise College and the affiliated clinical sites. Noncompliance with rules, regulations and procedures will be the basis for student dismissal from the Respiratory Care Program.

**Important Notes**

1. The Associate in Applied Science Degree for the Certified Respiratory Therapist (CRT) and Registered Respiratory Therapist (RRT) training requires a Respiratory Care Admission Committee recommendation and acceptance prior to official entry into the program.

2. Students interested in the Respiratory Care Program will consult with the Program Coordinator or Clinical Education Coordinator as early as possible. Early application and advising are highly recommended for any health care program with limited enrollment. The Respiratory Care Program with limited enrollment. The Respiratory Care Program admits students based upon the available clinical seating.

3. **The Respiratory Care Program is looking for students who are energetic, dedicated, enthusiastic, reliable, and who possess the desire to deliver quality patient care. Students will be adult learners who are able to adapt to a variety of teaching/learning styles. Competent communication skills are required.**
Clinical Affiliates for Hospital Instruction

Sierra Vista Regional Health Care
Sierra Vista, AZ

Northern Cochise Community Hospital
Wilcox, AZ

Holy Cross Hospital
Nogales, AZ

Kingman Regional Medical Center
Kingman, AZ

Banner, UMC
Tucson, AZ

ST Mary’s
Tucson, AZ

Summit Healthcare
Medical Center
Show Low, AZ

Benson Hospital
Benson, AZ

Southeast Arizona Medical Center
Douglas, AZ

Mt. Graham Medical Center
Safford, AZ

Yuma Regional Medical Center
Yuma, AZ

VA Tucson
Tucson, AZ

St. Joseph
Tucson, AZ