Clinical Program Application Packet

Start Date May 2018

Major: BS BIOL RESP

BS ALHT RESP
September

Attend the meeting for prospective applicants to the Program in Respiratory Therapy with Program Director, Ms. Elaine Chrissos to learn more about the program and curriculum. If unable to attend, contact Ms. Chrissos at 717-291-8457 or Elaine.Chrissos@millersville.edu.

Complete the Application Form

The Following are due by November 30

**PERSONAL STATEMENT**

- A key component of your application is a 500 word, typed personal statement. This allows the interview and selection committees to more completely understand your background, motivations and communication skills. The following information should be included: Self-analysis of your academic performance, your reasons and motivations for entering the respiratory therapy profession, your reasons for selecting the Millersville University program, professional goals, extracurricular activities and work experience. Include any other information that may be useful in the selection process. The original of this personal statement will be placed in your application file.

**DEGREE AUDIT**

- Work closely with your advisor.
- You must complete all your graduation requirements by the end of the Spring Semester to start the clinical program in mid-May.
- Utilize Pre-Program Application grade forms for reference on required classes. One must be completed by the start of the Spring Semester and one must be completed at the end of the Spring Semester.

**LETTERS OF RECOMMENDATION**

- You must have four (4) letters of recommendation completed by professors, advisors, community/organization leaders or employers. At least two (2) of these must be from science or math faculty.
The Following are due by the first day of the Spring Semester

**CLINICAL OBSERVATION RECORDS (12 HOURS TOTAL)**

- The program requires that you personally experience the practice of respiratory therapy as a part of your decision making process. Three different visits of four or more hours are required to provide adequate exposure to the profession. Three forms are provided in this packet for documenting your experiences. Unless all three are in your application packet by the first day of the spring semester, your application is considered incomplete.
- You may select medical centers near your home or near the university. Larger medical centers may offer a greater variety of experiences. Call the main number for the facility and ask for the director of the respiratory therapy department. Let this individual know that you are an applicant to the Millersville University Program and would like a clinical observation with a therapist.
- You must choose three different sites and visit all three key areas noted on the clinical observation forms.
- It is your responsibility to maintain patient confidentiality. You may be required by the facility to sign a HIPPA waiver.
- Local contacts affiliated with our program:
  - UPMC Pinnacle, Elaine Chrissos, 717-291-8457
  - Hershey Medical Center, Dana Stauffer, 717-531-7486

Pre-Program Application Grade Sheet (Signed by advisor)

Most Recent DARS Report

**The Following are due by April 30**

**PREPROGRAM REQUIREMENTS**

- At the beginning of the Spring Semester, open an account at Castle Branch – [www.CastleBranch.com](http://www.CastleBranch.com) and begin documenting your immunization records and criminal background checks. **ALL** requirements must be completed by April 30 or you will be denied admittance to the program. Some checks take 8-10 weeks so start early.

The following clearances include:

- PA State Criminal Background Check
- FBI Fingerprinting
- Child Abuse Clearance
- 10 Panel Drug Screen (this one must be performed at UPMC Pinnacle Lancaster).
The following immunizations are required:

2 step PPD
Rubella antibody titer
Hepatitis B antibody titer or waiver
Varicella antibody titer
Tetanus vaccine (Tdap)
Documentation of 2 MMR vaccines

- Contact the American Heart Association to obtain your certification in Basic Life Support for Healthcare Providers. Passing this course will provide you with a 2 year certificate. **No other course will be accepted for this requirement. (The American Red Cross course is NOT acceptable).**

- Provide a copy of your health insurance coverage.

- Provide a copy of your physical exam results.

Note: All preprogram requirements must be uploaded to the Castle Branch website by April 30. Failure to do so will result in denial to the program.

**Late January or Early February**

**PERSONAL INTERVIEW**

- Interviews will be scheduled late January or early February for the May start date for the professional phase of the program. This interview will be conducted by the Respiratory Therapy Interview Committee which consists of the Program Director, the Director of Clinical Education and the Medical Director of the Respiratory Therapy Program. Applicants will be notified of the time and location of the interview.

- The student’s record will be reviewed by the Respiratory Therapy Selection Committee which consists of the Program Director, the Allied Health Coordinator and the Biology Department Chair or designate. Final student selection will be made by this committee.

- Acceptance or rejection notification will be sent shortly following the interviews.
**Entrance Policy for the Professional Phase of the Curriculum**

Acceptance shall be contingent upon the following:

1. Proper and thorough completion of the application form.
2. Compliance with all academic prerequisites for the clinical program.
3. Compliance with clinical observation requirements in Respiratory Therapy Departments.
4. Completion of letters of recommendation.
5. Achievement of minimal overall QPA and Science/Math QPA (See pre-application form for course list)
   a. 2.3 QPA for Biology majors
   b. 2.5 QPA for Allied Health Technologies majors
   c. 2.5 QPA for Post-Baccalaureate candidates
6. Completion of all preprogram requirements and uploaded to the Castle Branch website by April 30.
7. University status must be “student in good standing”.
8. Interview outcome.

All application requirements (except those for Castle Branch) must be returned to the Biology Secretary.

Department of Biology
Millersville University
P.O. Box 1002
Millersville, PA 17551-0302

*It is the student’s responsibility to ensure the application packet is complete by the listed due dates.*
Minimum Performance Standards
In compliance with the Americans with Disabilities Act, respiratory therapy students must be, with reasonable accommodations, physically and mentally capable of performing minimal standards to meet program objectives. Any student who may require accommodations should schedule an appointment with the Program Director. The Minimum Performance Standards for Admission and Progression include:

Essential Mental Abilities
1. Follow instructions and rules
2. Maintain reality orientation accompanied by short and long term memory.
3. Apply basic mathematical and algebraic skills.
4. Demonstrate safe practice within the defined clinical time period.
5. Critical thinking ability sufficient for clinical judgment and for making quick life saving decisions.

Essential Communication Skills:
1. Speak clearly in order to communicate with patients, families, healthcare team members, peers and faculty.
2. Interpersonal abilities sufficient to interact with diverse individuals, families and groups.
3. Communication abilities sufficient for clear interaction with others in verbal and written form.
4. Ability to independently read and accurately interpret written communications (i.e., test questions, MD orders, etc.)

Essential Physical Abilities:
1. Gross and fine motor abilities sufficient to provide safe and effective care.
2. Stand and walk for eight to twelve hours/day.
4. Bend, squat, kneel, and twist upper and lower back.
5. Assist in lifting or moving clients of all age groups and weights.
6. Lift small equipment up to 35 pounds.
7. Perform CPR (i.e., move above a patient to compress chest and manually ventilate the patient).
8. Work with arms fully extended overhead.
9. Use hands for grasping, pushing, pulling and fine manipulation.
10. Demonstrate eye/hand coordination for manipulation of equipment (i.e., syringes, procedures, etc.).
11. Auditory abilities sufficient to hear alarms, beepers, and pages.
12. Auditory abilities to monitor breath sounds with a stethoscope and assess health needs.
13. Visual abilities to see all colors of the spectrum, distinguish calibrated markers of 0.1 mm, identify digital displays and controls in low light conditions, determine depth of instrumentation placement, and read small print on medicine containers.
14. Tactile ability sufficient for physical assessment.
MILLERSVILLE UNIVERSITY PROGRAM IN RESPIRATORY THERAPY

APPLICATION FORM

Please type or print

Date desiring to begin program: May, _____ (year)

Name: ____________________________________________

____________________  ______________________  _______________________
Last                      First                      Middle

Social Security Number: ___________________________ Student M# _______________________

Permanent Address: _____________________________  Home Phone: _______________________

______________________________________________________________________________

                                      Zip Code

MU Address: _____________________________  Cell Phone: _______________________

______________________________________________________________________________

                                      Zip Code

E-mail address: _____________________________  Advisor: ____________________________

In case of emergency, please contact:

Name: _____________________________  Relation to you: ___________________________

Address:  _____________________________  Phone: _____________________________

______________________________________________________________________________

                                      Zip Code

Today’s Date: ____________________________
MILLERSVILLE UNIVERSITY PROGRAM IN RESPIRATORY THERAPY
Medical History and Physical Form

Name_____________________________ Age_____ Date of Birth___/___/____ Date of Exam____/___/____

Address_______________________________

Allergies_______________________________

Medications taken on a regular basis
____________________________________________________________________________________

Height__________Weight_____________TPR______/_______/_______BP_____/_______

Circle the following codes to indicate findings for these categories reviewed during this examination:

- = WNL
X = not examined
POS = positive findings

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Comments:____________________________________________________________________________________
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Practitioner’s Name (printed)_____________________________ Signature_______________________________
License #_____________________ Date________
Name_____________________________________________________________
Advisor_____________________________________________________________

The following courses are required for entrance into the professional phase of the respiratory therapy program with a C- or better (unless otherwise noted). Failure to achieve the listed grade disqualifies applicants from the professional phase until the requirements are met. Please write the grades for each class or IP if the course is currently in progress at the time of application to the program:

BIOL 100 (B- or better) or BIOL 101
BIOL 356
May take BIOL 254 and 255 to substitute (C- or better for both)
BIOL 362
BIOL 461
CHEM 111
CHEM 112
CHEM 235;
   May take CHEM 231 and 232 to substitute (C- or better for both)
CHEM 326
MATH 161 or 163
PHYS 131 or 231

The above courses must achieve at least a 2.3 total GPA in order to qualify to enter the professional phase of the program in good standing.

Calculated Math/Science GPA _____________

The following courses are degree requirements, but not included in the Respiratory GPA calculation. All classes, both core and general education, required for degree completion must be taken prior to admission to the professional phase of the respiratory therapy program. Students must maintain an overall transcript GPA of 2.0.

BIOL 257 (S for completion)
BIO 364

Transcript GPA _____________

Each applicant must have their advisor sign this pre-application form to verify that all pre-program requirements are completed and this form must be included in the application packet.

Advisor Signature ____________________________________________________
Date _________________________
Millersville University BS ALHT Respiratory Therapy Program

Pre-Application Form

Name_____________________________________________________________

Advisor________________________________________________________

The following courses are required for entrance into the professional phase of the respiratory therapy program with a C- or better (unless otherwise noted). Failure to achieve the listed grade disqualifies applicants from the professional phase until the requirements are met. Please write the grades for each class or IP if the course is currently in progress at the time of application to the program:

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<td>MATH 130</td>
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<td>PHYS 131</td>
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The above courses must achieve at least a 2.5 total GPA in order to qualify to enter the professional phase of the program in good standing.

Calculated Math/Science GPA _____________

All classes, **both core and general education**, required for degree completion must be taken prior to admission to the professional phase of the respiratory therapy program. Students must maintain an overall transcript GPA of 2.0.

Transcript GPA _____________

Each applicant must have their advisor sign this pre-application form to verify that all pre-program requirements are completed and this form must be included in the application packet.

Advisor Signature __________________________________________________

Date _________________________
MILLERSVILLE UNIVERSITY PROGRAM IN RESPIRATORY THERAPY

REQUEST FOR LETTER OF RECOMMENDATION

Please submit a letter of recommendation for:

______________________________  _______________________
Name                                      MU Student ID No.

This student is applying to the clinical phase of the Respiratory Therapy Program. Your comments will help us determine the suitability of this candidate. In your letter, describe the context of your association with this student and the length of this relationship. If possible, please comment on the following qualities and traits:

- Academic achievement
- Integrity
- Ability to apply general information and to handle abstract ideas
- Sensitivity and tolerance for others
- Manual dexterity and laboratory skills
- Self-confidence
- Ability to communicate

Feel free to include other information that may be appropriate.

Please write or type this letter on institution letterhead and return to:

Biology Secretary
Department of Biology
Millersville University
P.O. Box 1002
Millersville, PA 17551-0302

by NOVEMBER 30th, accompanied by this form.

The student must review the following statement:

The Family Education Rights and Privacy Act of 1974 allows students to inspect their records. The law also permits the student to sign a waiver relinquishing the right to inspect letter of recommendation. The applicant's signature below constitutes a waiver; no signature means the student will have the right to examine this letter of recommendation.

Student Signature_________________________ Date:_____________________

Evaluator's Name_________________________ Phone:_____________________

PLEASE RETURN THIS FORM WITH YOUR LETTER OF RECOMMENDATION
MILLERSVILLE UNIVERSITY PROGRAM IN RESPIRATORY THERAPY

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__________________________________________
Student Signature

__________________________________________
Date

Evaluator's Name

__________________________________________
Phone

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MILLERSVILLE UNIVERSITY PROGRAM IN RESPIRATORY THERAPY

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Evaluator's Name ___________________________ Phone: ___________________________

PLEASE RETURN THIS FORM WITH YOUR LETTER OF RECOMMENDATION
MILLERSVILLE UNIVERSITY PROGRAM IN RESPIRATORY THERAPY

CLINICAL OBSERVATION RECORD

Student Name _____________________  1. _______ 4 hrs - General Patient Care

Date of Visit ____________________  2. _______ 4 hrs - Adult Critical Care or

Anticipated starting date: May 20___  Trauma

Hospital Name ____________________  3. _______ 4 hrs – NICU or PICU Care

Host Therapist’s Name ________________

Summarize your experiences, observations and attitudes concerning this exposure. Include how you felt with regard to you performing in this role:

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Time started: ____________  Student signature: ____________________________

Time concluded: _________  Host therapist’s sig.: __________________________

Note: Please return all three completed forms to the Millersville University Biology Department
CLINICAL OBSERVATION RECORD

Student Name __________________________  4. _____ 4 hrs - General Patient Care

Date of Visit __________________________  5. _____ 4 hrs - Adult Critical Care or Trauma

Anticipated starting date: May 20____

Hospital Name _________________________  6. _____ 4 hrs – NICU or PICU Care

Host Therapist’s Name ___________________

Summarize your experiences, observations and attitudes concerning this exposure. Include how you felt with regard to you performing in this role:

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Time started: ____________  Student signature: __________________________

Time concluded: _________  Host therapist’s sig.: _______________________

Note:  Please return all three completed forms to the Millersville University Biology Department
MILLERSVILLE UNIVERSITY PROGRAM IN RESPIRATORY THERAPY

CLINICAL OBSERVATION RECORD

Student Name ________________________ 7. _____ 4 hrs - General Patient Care

Date of Visit ________________________ 8. _____ 4 hrs - Adult Critical Care or
Anticipated starting date: May 20___ Trauma

Hospital Name ________________________ 9. _____ 4 hrs – NICU or PICU Care

Host Therapist’s Name ________________

Summarize your experiences, observations and attitudes concerning this exposure. Include how you felt with regard to you performing in this role:

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Time started: ____________  Student signature: ____________________________

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