

Millersville University
Program in Respiratory Therapy



Clinical Program Application Packet

Start Date May 2018

Major: BS BIOL RESP

BS ALHT RESP

Millersville University Program in Respiratory Therapy
Student Application Packet

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 chose 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 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.
3. Walk quickly in response to emergencies and life saving procedures.
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
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

General WNL X POS a. Posture____ b. Gait____ c. Speech____ d. Appearance____ e. Emotion____	Head WNL X POS a. Masses____ b. Tenderness____ c. Sinuses____ d. Bruits____	Ears WNL X POS a. Canal (R)____ b. Canal (L)____ c. TM____ d. Weber____ e. Rinne____	Nose WNL X POS a. Septum____ b. Mucosa (R) ____ c. Mucosa (L) ____
Mouth WNL X POS a. Tongue____ b. Pharynx ____ c. Tonsils____ d. Teeth____	Eyes WNL X POS a. Lids____ b. Sclera____ c. Conjunctiva____ d. Muscles____ e. Pupils____ f. Fundi____ g. Accomod. ____	Neck WNL X POS a. Thyroid____ b. Trachea____ c. Veins____ d. Spine____ e. Nodes____ f. Carotids____ g. Motion____	Lungs WNL X POS a. Symmetry b. Diaphragms c. Boney thorax d. Auscultation e. Percussion f. Fremitus g. Rubs
Heart WNL X POS a. PMI____ b. Rate____ c. Rhythm____ d. Rub____ e. Murmurs____ f. Other____	Breasts WNL X POS a. Nodes____ b. Discharge____ c. Scars____ d. Consistency____	Abdomen WNL X POS a. Tenderness____ b. Masses____ c. Hernia____ d. Inguinal nodes____ e. Femoral pulses____ f. Organs	Back WNL X POS a. Mobility b. Tenderness c. Symmetry d. Spine
Skin WNL X POS a. Scars____ b. Other marks____ c. Nevus____ d. Turgor____ e. Texture ____	Neuro WNL X POS a. Reflexes____ b. Coordination____ c. Tremor____ d. Vibratory____ e. Other ____	Genitalia Male WNL X POS <hr/> Female WNL X POS a. PAP Date____ b. Other____	Extrem. WNL X POS a. Symmetry b. ROM c. Tenderness d. Other

Comments: _____

Practitioner's Name (printed) _____ Signature _____
 License # _____ Date _____

Millersville University BS BIOL 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:

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:

BIOL 100 (B- or better)	_____
BIOL 254	_____
BIOL255	_____
BIOL 461	_____
CHEM 103	_____
CHEM 104	_____
MATH 130	_____
PHYS 131	_____

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:

_____ M _____
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

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