



HEALTH SCIENCES & BUSINESS TECHNOLOGY

2012 APPLICATION TO:

RESPIRATORY CARE

GENERAL INFORMATION: This application is for admission to the respiratory care degree program at LSU Eunice. By completing this form, you are seeking admission to the clinical portion of this program. All applications must be received by **MARCH 1** of the year in which admission is sought. If you have any questions regarding this application, please call 337-550-1311 or 337-550-1357.

INSTRUCTIONS:

1. Fill out this application and return it to the Division of Health Sciences & Business Technology, T-104 by **March 1**. Only mail this application to us if you are not currently attending and unable to come in person. Our address is LSU EUNICE, Health Sciences & Business Technology, P. O. Box 1129, Eunice, LA 70535. You **MUST** attach a copy of your transcripts from all the colleges you have attended. **OR** have Admissions send a copy of your transcripts to the Division of Health Sciences & Business Technology after you turn in this application. **A RELEASE FORM FOR THAT PURPOSE IS ATTACHED.** If you are currently enrolled in a university (other than LSU EUNICE), send a copy of that transcript to the Health Sciences & Business Technology immediately following the posting of those grades. LSU EUNICE Admissions Office will also need an official copy sent from that university as soon as possible.
2. High school transcript or diploma. **If not a high school graduate, a copy of G.E.D. Scores (not G.E.D. Diploma.) GED Test Scores Request Form from Dept. of Education is available. Please see secretary for that form.**
3. Apply separately for general admission if **NOT** currently enrolled at LSU EUNICE. Contact the Office of Admissions, LSU EUNICE, P. O. Box 1129, Eunice, LA 70535 or register online at [www.LSU Eunice.edu](http://www.LSU-Eunice.edu). There will be a \$25 general admission application fee. The university application must be completed **by March 1**.
4. **ATTACH** a \$10 non-refundable respiratory application fee. **MONEY ORDER** only made payable to LSU EUNICE.
5. **LIST ALL COLLEGES OR UNIVERSITIES WHICH YOU HAVE PREVIOUSLY ATTENDED IN CHRONOLOGICAL ORDER INCLUDING LSU EUNICE.** All institutions must be listed regardless of whether credit was earned or desired. Also, please list if you are going to two universities at the same time. Failure to indicate attendance at another college or university may result in admission being denied or subsequent dismissal.

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6. **Please read important information regarding Financial Aid attached.**

CERTIFICATION: I certify that I have read this application and instructions and that to the best of my knowledge the information given is correct and complete. I understand that if it is later determined to be otherwise, my application will be invalid. I am enclosing the appropriate application fee and am aware of the application deadline as stated in the instructions. I understand that before an admission decision can be made, completed applications, fee, and all scholastic records must be on file in the Health Sciences & Business Technology.

Signature

_____ ID# _____ Date _____

RESPIRATORY CARE PROGRAM APPLICATION FORM

Name _____ ID # _____ Circle One M F
Please print

Please check all programs you are applying for in the Health Sciences & Business Technology Division and select in numerical order your preference.

_____ Radiology _____ Nursing _____ Respiratory _____ DMS

List any other names under which your records may be filed: _____

Mailing Address _____ City, _____ State _____

Zip _____

Home Phone _____ Work Phone: _____ Cell Phone _____

Social Security #: _____

Are you currently enrolled in a college or university? Yes _____ No _____

If so, please specify institution _____ **Be sure to have a complete transcript sent to the Health Sciences & Business Technology as soon as semester ends.**

List all courses in which you are currently enrolled: _____

Will you have completed all of the priority courses for the Respiratory Care Program by the end of the spring semester?

Yes _____ No _____

If you will **NOT** be complete with your prerequisite courses by the end of the **spring semester** and plan on taking any remaining prerequisite classes, please list them and name the college where you plan on taking any remaining courses. _____

Please list below any health-care experience that you feel would be pertinent to this application. For work experience, include job title, duties, and dates (use additional pages as necessary).

DOCUMENTATION OF CERTIFICATES

If you are certified or registered in a health-care field, please attach a copy of documentation to validate this.

DO NOT WRITE BELOW THIS LINE

Date Received _____ Bursar Stamp _____ Accepted _____ Alt.# _____
PAID

HEALTH SCIENCES & BUSINESS TECHNOLOGY

LSU EUNICE Respiratory Care Program Physical/Technical Standards

Physical expectations for students entering the Respiratory Care Program at LSU EUNICE and functioning as Respiratory Care Practitioner upon graduation are presented below.

- A. **Essential Duties:** During the normal course of daily work, a variety of motor, technical, interpersonal, mental, and sensory skills are necessary for respiratory care practitioners. Interpretative skills, interactive and consultative skills, the ability to retrieve, process, and synthesize information about a patient's condition, and the ability to express themselves clearly in both a written and oral format are a must for all program students. Manual dexterity, auditory, and visual dexterity are equally important in order to assess patients as well as to treat them via the various modalities available. Therapists and technicians, especially in an intensive care setting, will frequently be called upon to pull-up or reposition patients, support them while getting in/out of bed or during ambulation, or assisting nursing in sitting them in chairs. They must, therefore, be able to support a minimum weight of 100 pounds.
1. The respiratory care student must be able to successfully complete the "healthcare provider" level of CPR training as defined by the American Heart Association.

Rationale: This is a minimum expectation of students entering hospital for clinical experience and employment.

2. The respiratory care student must be able to lift a minimum of 30 pounds.

Rationale: In order to provide ordered therapy equipment weighing at least 30 pounds will be needed. In addition, the student must often move or realign a patient before or after therapy has been initiated.

3. The respiratory care student must be able to push and/or pull a minimum of 100 pounds.

Rationale: In order to provide ordered therapy, equipment or a human weighing at least 100 pounds may need to be pushed or pulled in a timely and cautious manner.

4. The respiratory care student must be able to palpate, hear, and read (in English).

Rationale: The student is required to perform vital signs, charting physical assessment, and must be able to read orders in English as part of the minimum required competencies expressed by state and national accreditation and credentialing standards for the profession.

5. The respiratory care student must be able to reach gas outlets that may be at least five feet from ground level. In addition, the student must possess enough dexterity to plug in and/or disengage outlets with 5 pound meters, reach over objects, and/or manipulate equipment at a distance.

Rationale: Administering pressurized gas to patients is a required activity of both student and graduate respiratory care practitioner.

6. The respiratory care student must be able to go from one destination to another climbing stairs.

Rationale: While most buildings have elevators, during times of emergencies, students and graduates will be expected to arrive quickly, to assist patients, necessitating the use of stairwells.

In addition, students will be expected to perform the following:

a. Physical Demands

High level of frequency – walking, pushing, lifting, standing, pulling, climbing stairs, stretching, bending.

Moderate level of frequency – running, reaching, carrying, stooping, visual strain, repetitive motion sitting.

b. Working Environments

High level of exposure – odors, fumes, vibrations

Low level of exposure – heat, humidity, noise, wetness, cold, dust, sudden temperature changes, poor lighting.

c. Occupational Safety/Health Risks

High to moderate level of exposure – mechanical, radiation, body fluids, chemicals, slippery floors, infectious diseases, body tissues, electrical, blood sharp objects, aerosolized substances.

d. Need for Protective Precautions:

High frequency of usage – latex gloves, goggles, face shield, ambu/resuscitation shield, gowns, masks.

Moderate frequency of usage – hoods, shoe covers, one-way valve masks.

**HEALTH SCIENCES & BUSINESS TECHNOLOGY
TRANSCRIPT RELEASE FORM**

THIS IS NOT AN APPLICATION FORM. THIS IS ONLY A REQUEST FOR DOCUMENTS TO BE TRANSFERRED TO THE DIVISION OF HEALTH SCIENCES & BUSINESS TECHNOLOGY.

BRING THIS FORM TO MANUEL HALL ROOM 102 AFTER YOU HAVE COMPLETED THE APPLICATION TO THE DIVISION OF HEALTH SCIENCES & BUSINESS TECHNOLOGY.

NAME: _____ ID# _____

I have completed an application for admission to:

_____ **Nursing**

_____ **Radiology**

_____ **Respiratory**

_____ **DMS**

Please forward copies of the following documents to the Division of Health Sciences & Business Technology for each program applied to:

_____ **College transcripts from (List colleges)**

LSU EUNICE

_____ **High school transcript (RESPIRATORY ONLY)**

I understand it is my responsibility to ensure that all required documents are received by the Division of Health Sciences & Business Technology.

Signature

Print Name

IMPORTANT PLEASE READ

ATTENTION APPLICANTS FOR CLINICAL PROGRAMS

- You must complete the correct FASFA for the year you wish to apply. (Example: You must file the 2012-2013 FASFA form if you are applying for aid for the fall of 2012)
- If you are relying on financial aid to pay your fees, you are **STRONGLY** urged to complete your FAFSA and submit all requested documents by **March 1st**. Failure to meet this deadline may require you to be responsible for **ALL** required fees (tuition, books, supplies, etc.)
- You must submit a Financial Aid Appeal Form (<http://www.lsu.edu/site146.phpif>) if you have attempted over 123 hours which includes any withdrawals (W's), failed courses (F's), or academic bankruptcy on your official academic transcript. This form is to be returned to the Office of Student Affairs prior to June 1st.
- You must be **fully** admitted to the University. You must submit to the LSU Eunice Office of Admissions official transcripts from every college or university at which you were previously enrolled.
- You must continue to check the status of your financial aid on your "MyLSUE" account for current updates or notifications regarding your file.