Dear Respiratory Care Program 2017 Applicant,

**Please make sure you can and do frequently check your Spartanburg Community College email as all official notifications will come in that form.**

Congratulations on entering the process for admissions into the Spartanburg Community College Respiratory Care Program!

Enclosed you will find the pertinent forms and instructions necessary for completion of your applicant packet.

The criminal background investigation and drug testing form is for your information only. You will be scheduled for these two items at a later date.

The date to return the application packet is Tuesday, May 9th, 2017 by 5:00 p.m. Packets in a 9” x 12” envelope only are to be placed by the student in the Applications Box which will be located in the HSB Lobby.

**Do not give or leave application packets with Administrative Specialists or Program Faculty to place in the box. No packets will be accepted via postal service or internet.**

All applications will be removed from the box at 5:01 p.m. We highly recommend you make copies of all materials placed in the application packets prior to turning them in.

Only those students that return a complete application packet and meet the program prerequisite(s) and Program GPA will be considered for a slot in the program.

Faculty will verify total submitted points and assign a ranking to each student based on calculated scores from completed applications. The first 20 students with the highest ranking scores will be selected for the 2017 class.

Students will receive a letter by SCC Email informing them of their status by the end of May, 2017

**Please follow all directions carefully. The completion of this packet is a self-directed task. If you have questions, please contact your Respiratory Care Program faculty advisor.**
Checklist for Respiratory Care Student Applicants

The following items must be included in your application packet prior to returning it to the appropriate faculty.

_____ 1. Return all packet material in a 9” x 12” envelope. Clearly mark on the outside of the envelope “Respiratory”.

_____ 2. Brief questionnaire we ask that you return with your packet. Do not staple or attach it to any of your other papers as this is for informational purposes only and will not in any way affect the selective ranking process.

_____ 3. Respiratory Care Program “Selective Ranking Form 2017”. This form must be completed in its entirety – neat and accurate.

_____ 4. Transcripts (may print from student portal under Self-Service) of all previous course work submitted for consideration to support grades reflected on the ranking form.

_____ 5. If any courses were transferred from another college, include the TER (Transfer Equivalency Report)

_____ 6. Proof of observation in a clinically affiliated Respiratory Care Department to support points reflected on score sheet. (Affiliated clinical sites can be found with the Clinical Observation Forms).

_____ 7. Proof of employment in a Health Related Profession involved in patient care to include date of hire, excluding observation hours, to support points reflected on score sheet. This should be in the form of an official letter stating your dates of employment, position and brief description of your responsibilities.

_____ 8. Copy/Proof of any previous certificate/degree earned to support points reflected on score sheet. (Faculty will access your High School transcripts; no action is required on the part of the student).

Thank You
Respiratory Care Faculty
This is a brief questionnaire we ask that you return with your packet. We are not asking for your name on this form as it will be separated from the packet before any other process is started. **This is for informational purposes only and will not in any way affect the weighted admission process.** Your honesty is sincerely appreciated.

1. Do you expect to work during the two year program?  
   [ ] No  
   [ ] Full-Time  
   [ ] Part-Time

2. Do you understand that this is a two-year program (24 straight months) and unlike general education classes, you will be required to retain information from each class throughout the program?  
   [ ] Yes  
   [ ] No

3. Did you shadow with a Registered Therapists in a hospital?  
   [ ] Yes  
   [ ] No

4. Have you spoken with a prior or current student about the Respiratory Care Program?  
   [ ] Yes  
   [ ] No

5. Did you know that during clinical rotations, you will be expected to be at the clinical site at 6:45 a.m. and may have to travel to Rutherfordton, Union, Gaffney, or Columbus for your rotation?  
   [ ] Yes  
   [ ] No

6. Will you be getting financial aid?  
   [ ] Yes  
   [ ] No

7. If the answer to number 5 was yes, have you had an opportunity to have all your questions answered?  
   [ ] Yes  
   [ ] No

8. Have you visited and looked through our programs website to include course schedules, program costs, etc..?  
   [ ] Yes  
   [ ] No

9. Did you attend the information session regarding the admission process in September.  
   [ ] Yes  
   [ ] No
SPARTANBURG COMMUNITY COLLEGE
Respiratory Care Program – Associate in Health Science
Selective Ranking Form 2017

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Considerations</th>
<th>Scoring</th>
<th>Grade</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicable to all courses</td>
<td>No points will be awarded for grades less than “C”</td>
<td>Grades of D, F, W or WF = 0 points</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BIO 210 Anatomy and Physiology I</td>
<td>Review student’s transcript to verify points</td>
<td>A = 8, B = 6, C = 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BIO 211 Anatomy and Physiology II</td>
<td>Review student’s transcript to verify points</td>
<td>A = 8, B = 6, C = 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BIO 225 Microbiology</td>
<td>Review student’s transcript to verify points</td>
<td>A = 8, B = 6, C = 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>COL 101 College Orientation</td>
<td>Review student’s transcript to verify points or proof of prior college success</td>
<td>A = 5, B = 4, C = 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ENG 101 English Composition I</td>
<td>Review student’s transcript to verify points</td>
<td>A = 5, B = 4, C = 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MAT 120 Probability and Statistics or MAT 130, 140, 141, 168 or 240</td>
<td>Review student’s transcript to verify points</td>
<td>A = 8, B = 6, C = 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PSY 201; PSY 203; PSY 212; PSY 214 General Psychology</td>
<td>Review student’s transcript to verify points</td>
<td>A = 3, B = 2, C = 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Completion of above General Education courses:</td>
<td>Review student’s transcript to verify points</td>
<td>All courses above completed = 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Observation hours in a clinically affiliated Respiratory Care Department</td>
<td>Documentation of clinical hours must be reviewed by Department Faculty (6 hours minimum completed)</td>
<td>6 hours = 6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Related Professions experience (excludes observation hours)</td>
<td>Must show documentation of job duties, start date and end date on facility letterhead</td>
<td>(1) EMS or PCT Certificate = 6 (2) Employed in other Health Related Profession = 4 (3) Volunteer in healthcare facility &gt; 6 mo. = 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Previous Education</td>
<td>MUST include a copy of current certificate, diploma, degree and/or licensure in order to receive the points Maximum points = 8 (Must show certificate or diploma)</td>
<td>Bachelor’s Degree = 8 Associate’s Degree = 6 College level Certificate or Diploma = 2</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Maximum Possible Score (75) Total Score

Student’s Signature: __________________________ Date: ____________ Initials of individual verifying scores: ___

05/02/2017
RESPIRATORY CARE PROGRAM
Respiratory Care Department
Spartanburg Community College

OBSERVATION INFORMATION SHEET

**Purpose:** To better educate and prepare the student for a career in Respiratory Care by allowing him or her to observe a Respiratory Therapists on their daily rounds.

Students may earn additional points toward weighted admissions by spending a minimum of 6 hours within a working respiratory department at one of the clinical affiliates.

**Scheduling:** The student is responsible for contacting the appropriate clinical affiliate and scheduling the observation day. Ask to speak with the person in charge of student shadowing. The following is the list of clinical affiliates used by the Program:

- Spartanburg Regional Medical Center   (560 - 6000)
- Mary Black Gaffney    (487 – 1586)

**Dress:** Because you will be in direct contact with patients, you must wear appropriate clothing. Comfortable dress shoes, dress slacks, skirt, dress, and/or sport shirt are acceptable (no tennis shoes, Keds, clogs, sandals, open-toe shoes, t-shirts, sweatshirts, blue jean material clothing or mini-skirts).

If possible, please do not bring a purse; however, money in a pocket is acceptable since you may have an opportunity for a break or lunch.

**IMPORTANT**

You will also need to bring your Clinical Observation Documentation form for the selective ranking score sheet.
CLINICAL OBSERVATION DOCUMENTATION

To be included with the Selective Ranking Score Sheet

Student: ____________________________________________________

Name (Please Print)

Student: ____________________________________________________

Signature

This is to document the above student performed a minimum of 6 hours observation with a clinically affiliated preceptor in Respiratory Care.

Clinical Site: ________________________________________________

Clinical Preceptor: ___________________________________________

Date: ________________________________________________________

Observed from: _______________ to _______________
If accepted, you will receive a letter BY EMAIL similar to the following:

Date

Name
Address
Address

Dear Name:

I am pleased to inform you of your provisional acceptance for the fall 2017 semester into the Associate Degree in Respiratory Care program at Spartanburg Community College. Final acceptance into the program is contingent upon payment of deposit, the results of your criminal background investigation (CBI) check and urine drug screen test as required by our clinical host facilities. CBI and Drug Testing information will be provided to you following receipt of your certified letter of acceptance.

To secure your slot, please take immediate action on the following items:

- Reply by official SCC email to Joel Livesay, Respiratory Care Department Head, by 5:00 pm, Month, Day 2017, notifying him that you are accepting the slot being offered. Otherwise, your slot will be forfeited.
- You must pay a $100 tuition deposit at the SCC business office by Month Day, 2017. This deposit is non-refundable.

If you plan to apply for financial aid and have not already done so, you must complete a 2016-2017 Free Application for Federal Student Aid (FAFSA) immediately. Allow 4 to 6 weeks for processing. To speed processing, you should apply using FAFSA on the Web at www.fafsa.ed.gov. You and your parent (if dependent) should apply for a PIN at www.pin.ed.gov prior to starting FAFSA on the Web so that you may sign your financial aid application electronically.
Criminal Background Investigations (CBI)/Drug Testing Policy
Health and Human Services Division
Spartanburg Community College

A criminal background investigation (CBI) and drug testing are required for each Health and Human Services student who has been accepted into a Spartanburg Community College curriculum program of study with the exception of ITP and ECD (only CBI required).

Students who have been found guilty, by a court of law, or pled no contest (nolo contendere) to a crime, when conviction has occurred within the last 7-10 years, of the following crimes will not be eligible.

1. Child or adult abuse
2. Sexual assault
3. Assault with a deadly weapon
4. Neglect
5. Mistreatment of residents, patients/clients
6. Misappropriation of resident/patient/client property
   are deemed unqualified to attend clinical training.
7. The clinical affiliate may exercise discretion regarding other convictions.

A criminal background check must be completed for each state the student has been a resident in the last 12 months. Both the criminal background check and drug test will only be conducted after the student has been accepted into a curriculum program of study. The results of the background check and drug test must be obtained before the student will be allowed into the clinical site. If the results of either of these procedures document a violation as indicated above, the results will be sent to the clinical facility to be reviewed and a determination of whether the student would or would not be allowed in clinical by that facility. The healthcare facility will send in writing a statement whether the student has approval to attend clinical rotations within their facility. Students with positive drug tests will be dismissed from the program for 1 year. This counts as one attempt. They may recycle into a curriculum only once. Drug testing at the student’s expense will be required each semester until he or she completes the program.

Any student unable to attend a clinical affiliate will be required to withdraw from his or her program of study.