



Metropolitan Community College RESPIRATORY CARE

Respiratory Care Technology

Most people take breathing for granted. It is second nature—an involuntary reflex. However, for thousands of individuals who suffer from breathing problems, each breath is a major accomplishment. Metropolitan Community College offers an Associate of Applied Science Degree in Respiratory Care Technology which can lead to registered respiratory therapist status in the profession. The curriculum offers a common core of academic courses in the arts and sciences and in cardiopulmonary sciences. A portion of the course of study is devoted to clinical practice in area hospitals and healthcare facilities.

Admission Criteria

Upon admission to the Respiratory Care Technology program, the College is required to obtain background reports and criminal record investigations. All clinical facilities require completed criminal background checks prior to beginning a clinical practicum at their site.

All students admitted to the Respiratory Care Technology program will be required to submit to a 10-panel drug screening and must complete a Student Medical Record form, which includes a physical examination record and documentation of required immunizations. Details will be provided upon acceptance to the program.

The Respiratory Care Technology program at MCC is fully accredited by the Commission on Accreditation for Respiratory Care.

Application deadline: Applications are due June 1 each year for the fall quarter.

Requirements

GENERAL EDUCATION REQUIREMENTS

33.0 CREDIT HRS

ENGL 1010	English Composition I	4.5
ENGL 1020	English Composition II	4.5
PYSC 1010	Introduction to Psychology	4.5
MATH 1310/1315	Intermediate Algebra/College Algebra	4.5
BIOS 2150	Microbiology*	6.0
HRML 1010	Human Relations Skills	4.5
INFO 1001	Information Systems and Literacy	4.5

The General Education requirement for this degree program exceeds the minimum standard number of hours. For more information, contact Student Services.

*Additional prerequisite(s) may be required.

OTHER REQUIREMENTS FOR RESPIRATORY CARE TECHNOLOGY

21.5 - 22.5 CREDIT HRS

BIOS 1010	Introduction to Biology and	6.0
BIOS 1310	Survey Human Anatomy and Physiology	5.0
	OR	
BIOS 2310	Human Anatomy and Physiology I	6.0
BIOS 2320	Human Anatomy and Physiology II	6.0
CHEM 1010	College Chemistry	6.0
PHYS 1010	Applied Physics	4.5

REQUIREMENTS FOR RESPIRATORY CARE TECHNOLOGY

76.5 CREDIT HRS

RESP 1000	Orientation to Respiratory Care	3.0
RESP 1010	Introduction to Respiratory Care Procedures	4.5
RESP 1020	Cardiopulmonary Anatomy and Physiology	4.5
RESP 1030	Respiratory Care Procedures I	4.5
RESP 1031	Current Concepts I	2.0
RESP 1040	Respiratory Care Procedures II	4.5
RESP 1041	Current Concepts II	2.0
RESP 1042	Pharmacology for Respiratory Care	3.0
RESP 1991	Clinical Practicum I	5.5
RESP 1992	Clinical Practicum II	5.5
RESP 1993	Clinical Practicum III	5.5
RESP 2100	Advanced Respiratory Care	4.5
RESP 2101	Current Concepts III	2.0
RESP 2120	Cardiology and Hemodynamics	3.0
RESP 2121	Current Concepts IV	2.0
RESP 2122	Pediatric and Neonatal Respiratory Care	3.0
RESP 2131	Current Concepts V	2.0
RESP 2132	Respiratory Care Seminar	4.5
RESP 2994	Clinical Practicum IV	5.5
RESP 2995	Clinical Practicum V	5.5

ADMISSION

Students with no prior college experience:

- Make arrangements with a college counselor or advisor to complete the required college admission requirements.
- Obtain assistance with initial course selection and registration from the counselor or advisor.

NOTE: If developmental courses are indicated by the assessment test, you must enroll in these classes. You are encouraged to complete as many of the general education and program support classes as possible prior to your formal acceptance into the Respiratory Care Technology program.

Students with prior college experience:

- Submit official transcripts for all postsecondary schools previously attended.
- Complete and return the program admission form.
- Have two individuals complete and submit the reference forms included in the packet.
- Schedule to complete the PSB-Health Occupations Exam.

Meet with a college counselor or advisor in the Student Services Center at the campus location of your choice to discuss the field of Respiratory Care Technology and specific program requirements.

Contact:

**Respiratory Care Technology
Program director
South Omaha Campus
Mahoney Building, room 517
531-MCC-4653
P.O. Box 3777
Omaha, NE 68103**



For office use only
Student ID# _____

PERSONAL (all applicants; please print or type)

Full legal name _____
(last) (first) (full middle) (maiden name)

Social Security number or MCC student ID# _____

Home address _____
(street) (city) (state) (ZIP)

Email address _____

Employer _____
(name) (address)

Telephone _____
(home) (work)

Gender: male female Birth date _____
(month) (day) (year)

Marital status:
 single married widowed divorced

U.S. citizen: yes no
If not, type of visa: student permanent other

Have you previously enrolled at Metropolitan Community College? yes no dates _____
When do you wish to enter? fall spring summer winter year _____

Do you have a _____ high school diploma or _____ GED year received _____

Name of granting institution: _____

Address of granting institution: _____
(street) (city) (state) (ZIP)

Colleges previously attended

(In order to complete the application process, all colleges/universities you have attended must send an official academic transcript to the address on the bottom of page 2.)

College	Address	Dates attended
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____



RESPIRATORY CARE TECHNOLOGY APPLICATION FORM cont.

Furnishing the following information is not a requirement for admission and will not be used in admissions discussions. The data will be used for statistical purposes only.

- African-American/Black
- Asian or Pacific Islander
- Caucasian/White
- Native American or Native Alaskan

I certify that to the best of my knowledge, the information furnished in this application is true and complete. I agree that if such information or any other information upon which my admission is based is not true or complete, the College may rescind my acceptance. I further agree that I will abide by the rules and regulations of the College, including but not limited to those rules contained in the current College catalog.

I acknowledge that all official transcripts that I forward to the College become the property of the College and will not be forwarded to another institution or returned to me.

Applicant's signature _____ Date _____

Metropolitan Community College does not discriminate on the basis of race, color, national origin, religion, sex, marital status, age, disability or sexual orientation in admission or access to its programs and activities or in its treatment or hiring of employees. The College complies with Title VI of the Civil Rights Act of 1964, the Civil Rights Act of 1990, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, Title II of the Americans with Disabilities Act of 1990, as amended, the Age Discrimination Act of 1975, related Executive Orders 11246 and 11375 and all civil rights laws of the State of Nebraska and the City of Omaha.

Contacts:

Concerning Title VI (race), Title IX (gender equity), Section 504 (disability) and Americans with Disabilities Act/Program and Services Accessibility, and Age, contact:

- Vice president for Campuses and Student Affairs: 531-MCC-2681 (students)
- Associate vice president of Human Resources: 531-MCC-2236 (employees)
- Director of Facilities: 531-MCC-2529 (accessibility)

Concerning hiring and employment-related complaints of discrimination or harassment based on race, color, national origin, religion, sex, marital status, age, disability, sexual orientation, retaliation or for affirmative action and diversity issues, contact:

Associate vice president for Equity and Diversity: 531-MCC-2649

The address for all of the above individuals is as follows:
Metropolitan Community College
30th and Fort streets
P.O. Box 3777
Omaha, NE 68103-0777

Return completed form to:

Metropolitan Community College
Respiratory Care Technology
Program director
P.O. Box 3777
Omaha, NE 68103-0777



APPLICANT: PLEASE COMPLETE THIS SECTION

Applicant's name _____ Phone number _____

Address _____
(street) (city) (state) (ZIP)

I do I do not waive my right to see this reference form
(please check one and sign below)

Signature _____ Date _____

REFERENCE: PLEASE COMPLETE THIS SECTION

1. In what capacity have you known the applicant?

- Teacher/instructor Clergy person
 Job supervisor Other (please specify)

2. When were you last associated with the applicant?

- Within the last year 1-3 years ago
 More than 3 years ago

3. How long have you known the applicant?

- Less than 1 year 1-3 years
 3-5 years More than 5 years

4. If you were in need of assistance from a healthcare professional, would you want this applicant to care for you (assuring he/she had the credentials)?

- Yes No Depends, because _____

5. Provide your evaluation of the applicant's abilities in the following by checking the appropriate box.

	ABOVE AVERAGE	GOOD	FAIR	POOR	UNABLE TO EVALUATE
Punctuality in attendance (being on time, notifying if unable to attend)					
Dependability when asked to complete an assignment					
Ability to accept disappointment or criticism					
Ability to adjust to new situations					
Ability to find new or different ways of problem solving					

6. How would you judge the applicant's ability to relate to others?

	ABOVE AVERAGE	GOOD	FAIR	POOR	UNABLE TO EVALUATE
Ability to remain warm and accepting					
Ability to make friends					
Ability to retain friends					
Ability to solve problems with others					
Ability to assume a leadership role					

7. Provide any additional comments that would help us in evaluating this applicant.

Reference name _____

Position and/or title, company _____

Signature _____ Date _____

Please return completed form to: Metropolitan Community College
 Respiratory Care program director
 P.O. Box 3777
 Omaha, NE 68103-0777



APPLICANT: PLEASE COMPLETE THIS SECTION

Applicant's name _____ Phone number _____

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(street) (city) (state) (ZIP)

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