



Respiratory Care Program
Application Packet
2022-2023

Introduction

Thank you for your interest in the Respiratory Care Program at Victoria College. If you are ready to begin the journey to a rewarding career and dynamic profession, then the Respiratory Care Program is ready to partner with you. This program is a two-year Associate of Applied Science degree. As a respiratory therapist you will work under the direction of a physician to evaluate, treat, and care for patients with breathing disorders. There are numerous pathways within the profession that you can select, once you have completed your degree and become successfully credentials.

Our program goal is to prepare graduates with demonstrated competence in the cognitive [knowledge], psychomotor [skills], and affective [behavior] learning domains of respiratory care practice as performed by registered respiratory therapists.

The Respiratory Care Program {#200372} is accredited by the Commission on Accreditation for Respiratory Care. You can learn more by visiting the CoARC website at: www.coarc.com

The program is under the direction of Ceci Oldmixon, M.Ed, RRT and clinical direction of JJ Valdez, MSRC;RRT- ACCS. If you would like more information regarding becoming a registered respiratory therapist, you can visit the national profession's association website at: www.aarc.org or you can make an appointment with Professor Oldmixon by email: ceci.oldmixon@victoriacollege.edu or phone: 361-572-6460.

The Respiratory Care Program accepts applications annually for the fall class selection and applications should be submitted by May 15 for consideration for that fall's class selection. For full admission requirements visit the Victoria College website – Programs & Courses – Health Careers - Respiratory Care.

Respiratory Care Program Admissions Requirements

Applicants must meet special entrance requirements and complete a department application. For more information about the program and course schedule assistance, contact the Program Chair. Additional information may be found at www.VictoriaCollege.edu/RespiratoryCare.

1. The student must meet the admission requirements for Victoria College as stated in the current college catalog. Contact the Admissions & Records Office.
2. Complete general admission application as required by the Admissions & Records Office.
3. Complete the Respiratory Care Program application by May 15 for fall admission. Three letters of recommendation must be included with application.
4. Interview with Program Chair.
5. Submit a one-page typewritten essay as to why you should be considered for the acceptance into the Respiratory Care Program.
6. It is the responsibility of the applicant to furnish all necessary documentation to the Respiratory Care Department (including the interview) by **May 15** for fall admission. Late Applicants are considered if spaces are available.
7. An ACT composite of 18 is required, SAT scores of 870. Students who have earned at least 12 credit semester hours on the program of study with a GPA of 2.25 or greater may have an ACT Composite of 16 or SAT score of 780. (ACT Scores before October 1989 and SAT scores before April 1995 will be considered on an individual basis.)
8. TSI (Texas Success Initiative) satisfied. Contact Advising, Counseling & Recruitment Services for further Explanation if necessary.
9. Overall GPA of 2.25 or above on all college hours attempted. Students with less than a 2.25 GPA will be evaluated on an individual basis.
10. The following courses must be completed with a grade of C or better, and a minimum GPA of 2.25 or better prior to enrolling in the program:
 - ENGL 2311 Technical & Business Writing
 - PSYC 2301 General Psychology or SOCI 1301 Introduction to Sociology
 - BIOL 2404 Intro to Anatomy & Physiology or BIOL 2401 and BIOL 2402
 - Mathematics – Select 1 course from the Victoria College Core Curriculum
 - Creative Arts – Select 1 course from the Victoria College Core Curriculum
11. Official high school and college transcripts on file in the Admissions & Records Office and Respiratory Care Department.
12. Transfer students will be accepted on an individual basis.
13. Previous respiratory care students who received a certificate from Victoria College and are currently registered therapists may receive equivalency credit toward an AAS degree. See program chair for specific procedure.
14. Science courses taken more than five years ago will be evaluated on an individual basis and may have to be repeated.
15. Clear criminal background check and drug testing are required prior to admission.
16. Prior to enrollment, qualified applicants who have been accepted into the Respiratory Care Program must submit a current CPR Health Care Provider card, a completed physical, and must meet the program immunization requirements:
 - a. Two-step TB skin test
 - b. Tetanus-diphtheria toxoid (Td) within the last 10 years
 - c. Measles/Mumps/Rubella vaccination/s
 - d. Varicella vaccination/s or proof of disease
 - e. Three-injection hepatitis B vaccination series or serologic confirmation of immunity to hepatitis B virus

Main Campus

2200 East Red River
Victoria, TX 77901
(361) 573-3291
(877) 843-4369

Adult Education Center

802 East Crestwood
Victoria, TX 77901
(361) 573-7323

Calhoun County Center

900 North Virginia
Port Lavaca, TX 77979
(361) 553-4316

Gonzales Center

424 East Sarah DeWitt
Gonzales, TX 78629
(830) 672-6251

Vocational Nursing Program – Cuero

2550 North Esplanade
Cuero, TX 77954
(361) 277-6760

Zelda L. Allen School of Nursing

1410 North Texana
Hallettsville, TX 77964
(361) 798-2289

Deadline: May 15

Statement of Nondiscrimination

Victoria College does not discriminate on the basis of race, color, religion, national origin, gender, pregnancy, age, disability, genetic information, marital status, amnesty, veteran's status, or limited English proficiency. It is our policy to comply, fully, with the nondiscrimination provision of all state and federal rules and regulations. Revised: 03/17/15

ADMISSIONS & ACADEMIC

REGULATIONS Victoria College Core Curriculum Courses

Core Component	Core #	Course Selection		Minimum Hours Required
COMMUNICATION	010	Select 1	ENGL 1301 , 2311	6
		Select 1	ENGL 1302, 2311	
MATHEMATICS	020	Select 1	MATH 1314, 1316, 1324, 1332, 1342, 2312, 2412, 2413	3*
LIFE AND PHYSICAL SCIENCES	030	Select 2	BIOL 1322, 1406, 1407, 1408, 1409, 2306. 2404, 2420; CHEM 1406, 1411 , 1412; ENVR 1301 , GEOL 1303, 1305, 1345, 1347, 1401, 1402, 1403, 1404; PHYS 1303, 1304, 1310, 1315, 1401, 1402, 1403, 1404, 2425, 2426	
LANGUAGE, PHILOSOPHY AND CULTURE	040	Select 1	ENGL 2322, 2323, 2327, 2328: PHIL 1301	3
CREATIVE ARTS	050	Select 1	ARTS 1301 , 1303, 1304; DRAM 1310; MUSI 1306, 1307, 1310	3
AMERICAN HISTORY	060	Select 2	HIST 1301, 1302, 2301 , 2327, 2328	6
GOVERNMENT/POLITICAL SCIENCE	070	Select 2	GOVT 2305, 2306	6
SOCIAL AND BEHAVIORAL SCIENCES	080	Select 1	ECON 2301, 2302; GEOG 1303; PSYC 2301 ; SOCI 1301	3
COMPONENT AREA OPTION	090	Select 6 SCH	Any course listed above except ENGL 1301 , GOVT 2305, and GOVT 2306. BCIS 1305 (3) or COSC 1301 (3); EDUC 1300 SPCH 1311 (3), 1315 (3), 1318 (3), or 1321 (3); MATH 1325 (3) 2319 (3) or PSYC 2320 (3) *OTHER HOURS - BIOL 1406 (1), 1407 (1), 1408 (1) , 1409 (1), 2404 (1), 2420 CHEM 1406 (1), 1411 (1), 1412 (1) GEOL 1401 (1), 1402 (1), 1403 (1), 1404 . MATH 2413 P&-Đk pl.qys 1401 (1), 1402 (1), 2425 (1), 2426 (1)	6

* Additional hours fall to Component Area Option or will fulfill degree requirements.

* Associate of Arts Interdisciplinary Studies Degree — completion of two science courses with at least one course being a lab science course (may be used to satisfy core requirements).

* Associate of Science Interdisciplinary Studies Degree — completion of two lab science courses (may be used to satisfy core requirements).

Technical Standards

Students will be expected to have the skills and abilities to meet the standards described below:

- Physical demands, Lift at least 25 pounds of weight, Frequent or prolonged walking/standing, Reaching, stooping, bending, kneeling or crouching
- Motor skills, Perform multiple motor tasks simultaneously
 - Fine and gross motor skills sufficient to handle equipment and provide safe and effective patient care
 - Steady arm and hand movements while manipulating objects or assisting patients.
- Tactile
 - Tactile ability sufficient to assess patient's response to therapy
- Visual
 - Ability sufficient to monitor and assess patient and equipment function and to provide safe and effective respiratory care
 - Near acuity – ability to see clearly at 20 inches or less, Far acuity – ability to see clearly at 20 feet or more, Field of vision – able to see peripherally, Depth perception – able to judge distance
 - Color vision – able to distinguish and identify different colors
- Hearing
 - Ability sufficient to hear and understand patients and staff
 - Hear normal speech, Hear without seeing lips, Hear faint body sounds, Hear auditory alarms

**Victoria College
Respiratory Care Program
AAS Degree Curriculum**

Prerequisites		Lecture	Lab	Clinical	Contact	Credit
Course #		Hrs	Hrs	Hrs	Hrs	Hrs
ENGL 2311	Technical and Business Writing	3	0	0	48	3
PSYC 2301	General Psychology OR					
SOCI 1301	Introduction to Sociology	3	0	0	48	3
BIOL 2404	Introductory Anatomy & Physiology	3	3	0	96	4
BIOL 2401 & BIOL 2402	Anatomy and Physiology 1 and 2					
Math	Select 1 from VC Core Curriculum	3	0	0	48	3
Creative Arts	Select 1 from VC Core Curriculum	3	0	0	48	3
Total		15	3	0	288	16

Fall

Course #	Course Name					
RSPT 1113	Basic Respiratory Care Pharmacology	0	3	0	48	1
RSPT 1240	Advanced Cardiopulmonary A & P	1	3	0	64	2
RSPT 1410	Respiratory Care Procedures I	2	6	0	128	4
RSPT 1360	Clinical - Respiratory Therapy I	0	0	16	256	3
Total		3	12	16	496	10

Spring

Course #	Course Name					
RSPT 1411	Respiratory Care Procedures II	2	6	0	128	4
RSPT 1361	Clinical - Respiratory Therapy II	0	0	16	256	3
RSPT 1272	Clinical Blood Gases	2	1	0	48	2
RSPT 2310	Cardiopulmonary Disease	2	3	0	80	3
Total		6	10	16	512	12

Summer

Course #	Course Name					
RSPT 1141	Respiratory Home Care/Rehabilitation	0	2	0	32	1
RSPT 1137	Basic Dysrhythmia Interpretation	0	3	0	48	1
RSPT 2255	Critical Care Monitoring	1	2	0	48	2
RSPT 1163	Clinical - Respiratory Therapy III	0	0	6	96	1
RSPT 2135	Pediatric Advanced Life Support	0	3	0	48	1
RSPT 2139	Advanced Cardiac Life Support	0	3	0	48	1
Total		1	13	6	320	7

Fall

Course #	Course Name					
RSPT 2414	Mechanical Ventilation	2	6	0	128	4
RSPT 2425	Cardiopulmonary Diagnostics	2	6	0	128	4
RSPT 2360	Clinical - Respiratory Therapy IV	0	0	16	256	3
Total		4	12	16	512	11

Spring

Course #	Course Name					
RSPT 2133	Respiratory Care Case Management	0	3	0	48	1
RSPT 2147	Specialties in Respiratory Care	0	3	0	48	1
RSPT 2231	Simulations in Respiratory Care	0	4	0	64	2
RSPT 2361	Clinical - Respiratory Therapy V	0	0	16	256	3
RSPT 2353	Neonatal/Pediatric Cardiopulmonary Care	2	4	0	96	3
Total		2	14	16	512	10
Respiratory Care Program Hours		16	61	70	2352	50
Respiratory Care Program Totals		272	960	1120		
Grand Total		32	63	70	2460	66

**Respiratory Care Program - Textbook Costs
Freshman Year**

FIRST SEMESTER				Price
Course Number & Name		Book Title		New
RSPT	1240	Advanced Cardiopulmonary Anatomy	CARDIOPULMONARY ANATOMY + PHYSIOLOGY, 7th 978-1-337949-0-9 RQ	\$105.50
RSPT	1410	Respiratory Care Procedures I	EGAN'S FUND OF RESPIRATORY CARE- W/C, 12th 978-0-323-81121-7	167.50
RSPT	1113	Basic Resp Care Pharm	INTEGRATED CARDIOPULMONARY PHARMACOLOGY; COLBERT AND KENNEDY; 5th EDITION; ISBN: 978-1-5178050-6-7	\$67.50
RSPT	1360	Clinical-Resp Therapy I	CLINICAL PRACTICE POCKET GUIDE, OAKES, 10th, HEALTH ED. ISBN: 978-0-932887-64-1	\$32.95
			RESPIRATORY CARE CLINICAL LAB COMPETENCY, HINSKI, ELSEVIER, ISBN: 978-0-323-10057-1	\$85.95
Total				\$459.40

SECOND SEMESTER				Price
Course Number & Name		Book Title		New
RSPT	1411	Respiratory Care Procedures II	No book required	
RSPT	1272	Clinical Blood Gas	CLINICAL BLOOD GASES, MALLEY, 2nd, ELSEVIER, ISBN: 978-07216-8422-2	\$102.50
			ABG POCKET GUIDE w/INSTRUCTIONAL GU, 2ND, OAKES, 09, HEALTH ED, ISBN: 978-0-932887-37-5	\$25.95
RSPT	2310	Cardiopulmonary Disease	CLINICAL MANIFESTATIONS-ASSESSMENT OF RESPIRATORY DISEASE, 8th, DES JARDINS, ELSEVIER, ISBN:978-0-323-55369-8	131.50
RSPT	1361	Clinical - Resp Therapy II	No book required	
Total				\$227.95

SUMMER SESSION				Price
Course Number & Name		Book Title		New
RSPT	1141	Resp. Home Care/Rehab	No book required	
RSPT	1137	Basic Dysrhythmia Interpretation	No book required	
RSPT	1163	Clinical – Respiratory Therapy II	ACLS PROVIDER MANUAL, AHA, 4TH, MATTHEWS, ISBN: 978-16166940-0-5	\$56.50
RSPT	2255	Critical Care Monitoring	No book required	
RSPT	2135	Pediatric Advanced Life Support	PEDIATRIC ADV. IFE. SUPP,- PROVIDER, AEDSUPER ISBN: 978-1-6166978-5-3	\$66.50
RSPT	1239	Advanced Cardiac Life Support	No book required	
Total				\$174.95

SOPHOMORE YEAR

FIRST SEMESTER				Price
Course Number & Name		Book Title		New
RSPT	2414	Mechanical Ventilation	VENTILATOR MANAGEMENT, OAKES, 4th, HEALTH ED, ISBN: 9780-932887-47-4	\$30.95
			MECHANICAL VENTILATION, 6th, PILBEAM & CAIRO, ELSEVIER, ISBN: 978-0-323-55127-4	\$127.95
			MECHANICAL VENTILATION - WORKBOOK, 6th, PILBEAM, ELSEVIER, ISBN: 978-0-323-55126-7	\$54.50
RSPT	2425	Cardiopulmonary Diagnostics	HEMODYNAMIC MONITORING, OAKES, 6TH, OAKES, HEALTH ED, ISBN: 978-0-932887-56-6	\$30.95
RSPT	2360	Clinical - Resp Therapy IV	No book required	
Total				\$244.35

SECOND SEMESTER				Price
Course Number & Name		Book Title		New
RSPT	2353	Neo/Pedi Cardiopulmonary Care	NEO-PEDI RESPIRATORY CARE, 5TH, WALSH, ELSEVIER, ISBN: 978-0-323-47947-9	\$115.95
			NEO/PEDI RESPIRATORY CARE, 7TH, OAKES, HEALTH ED. ISBN:978-0-932887-54-2	\$35.50
RSPT	2231	*Clinical Sims in Resp Care	COMPREHENSIVE RESPIRATORY THERAPY REVIEW, 4TH, SCANLAN, JONES & BARTLETT, ISBN:978-1-284183-0-3	\$96.95
RSPT	2147	Specialties in Resp Care	No book required	
RSPT	2133	Resp Care Case Mgt	No book required	
RSPT	2361	Clinical - Resp Therapy V	TEXTBOOK OF NEONATAL RESUSCITATION 8 TH , RITTEN ISBN: 978-1-6100252-4-9	\$74.95
Total				\$275.45
GRAND TOTAL				\$1,060.60

NOTE: *Cost may be subject to change without prior notice

REVISED: 6/2022

Frequently Asked Questions

How many students are accepted into the program?

The number of students selected for entry into the program each fall is limited to 18 students. Applicants will be accepted based on qualifications and completion of the applicant process by the deadline of May 15.

What is required for the applicant process?

The application process begins with the general admission application to Victoria College at www.applytexas.org. Interested students should make an appointment to meet with Professor Oldmixon to learn more about the requirements and receive direction on how to proceed. Interested students should read the application packet fully and direct any questions to Professor Oldmixon. Students must submit a one-page typewritten essay explaining why you should be accepted into the program along with 3 letters of recommendations. Students must be TSI complete; have an ACT of 18 or SAT of 870; a GPA of 2.25 or greater; and all prerequisite courses complete with a grade of C or better. Students must schedule an interview appointment with Professor Oldmixon once the application is completed.

What immunizations will I need for the program?

Prior to enrollment, applicants must have a complete physical conducted by their healthcare provider; and complete the following immunizations:

- A 2-step TB skin test
 - A 2-step TB skin test is conducted as a serial test with the first skin test performed and read within 48 hours then a second skin test performed 1-3 weeks apart from the first test.
 - If you have performed a prior 2-step TB skin test, you may submit it along with all annual test since the 2-step was initially performed.
 - If you have a positive skin test, you will be required to provide a clear chest xray report.
 - Annual renewal of the TB skin test will be required during the program.
- Tetanus-diphtheria & Pertussis (Tdap) vaccination as an adult within the last 10 years.
- Measles/mumps/rubella vaccination – 2 vaccinations or positive antibody titer. ○ If titer is negative, applicant will need a booster vaccination and a 2nd titer.
- Varicella vaccination or proof of disease – 2 vaccinations or positive antibody titer or medically documented history of the disease.
- 3-injection hepatitis B vaccination series or a positive antibody titer.
 - 3-injection series **MUST** be completed by **August 15** for enrollment into the program. Series must be started by Feb. 1
- Meningitis vaccination (must be on-file with the College)
- Current Flu vaccination – {not required until the current flu season in October}

Will I need a CPR certification?

Yes, students must have a valid “**healthcare provider**” **BLS** (basic life support) certification from the American Heart Association (AHA). No other certifications will be accepted. Students must maintain this certification for the duration of the program.

Is financial aid available?

Yes, the degree plan is credit based and standard financial aid assistance is available as with all college courses. See the financial aid department located in the student services building on campus.

Will I need a criminal background check and Drug Screen?

Yes, applicants will be required to complete a criminal background check and drug screen through the CastleBranch service provided. Only services through CastleBranch will be accepted for admission to the program. Applicants once selected will be given the access code to CastleBranch to complete the criminal background check and drug screen. These MUST be completed before the program orientation.

Victoria College is not able to, or responsible for, advising a student with criminal history on whether they are eligible for certification or licensure. All questions regarding eligibility should be directed to the Texas Medical Board.

Clinical facilities determine what constitutes an unacceptable background check. The student is responsible for working with the background check company to clear up any reporting discrepancies. If there is a criminal history that cannot be cleared prior to the orientation, the student will not be enrolled into the program.

Are there costs beyond tuition, books and fees associated with the program?

Yes, the student must purchase a uniform as outlined in the student handbook; a stethoscope; a S.C.O.P.E. membership, polo and volunteer shirt; and other equipment needed for the coursework (see additional costs page).

Will I have to travel out of Victoria for the program?

Yes, students are expected to attend clinical rotations at various hospitals in the surrounding areas.

Travel is the responsibility of the student to meet the course requirements. Some of the locations are Cuero, Beeville, Hallettsville, LaGrange, Port Lavaca, Yoakum and others. Student are responsible for insuring adequate transportation to the clinical sites.



Victoria College

How to Place Order

Welcome to my 

To place your order go to:

<https://portal.castlebranch.com/VA99>

Package Name (if applicable):

Respiratory Therapist - VB02

Place
Order

Select
Program

Select
Package

To place your initial order, you will be prompted to create your secure myCB account. From within myCB, you will be able to:

- ✓ View order results
- ✓ Upload documents
- ✓ Manage requirements
- ✓ Place additional orders
- ✓ Complete tasks

Please have ready personal identifying information needed for security purposes.

The email address you provide will become your username.

Contact Us: **888.914.7279** or servicedesk.cu@castlebranch.com

VICTORIA COLLEGE
Prices Subject to Change RESPIRATORY
 CARE

Possible Additional Program Costs

Program Costs beyond textbooks

Respiratory Therapy Kit	\$ 152.99
Maroon Scrub Top XS-4XL	\$ 29.00
Black Scrub Pant S-5XL	\$ 24.00
Consolation Labcoat XS-5XL	\$ 26.00
Maroon Polo XS-3XL	\$ 27.00
All BLACK shoes for clinical	\$ 100.00
Littmann Cardiology 4*	\$ 212.99
Littmann Master Cardiology* (Special edition Master Cardiology are \$269.49)	\$ 248.99
Turning Tech Response Remote/Clicker	\$ 47.50
CastleBranch Drug screen & Background check with document management	\$ 101.40
S.C.O.P.E. membership/year	\$ 5.00
S.C.O.P.E. Volunteer shirt	\$ 20.00
EKG calipers (Summer course)	\$ 7.99
Gas travel for out of town clinicals (estimate calculated at min 5 MPG,\$4.00/gal w/ the max mile facilities)	\$ 288.00
Gas travel for State Convention (one way)	\$ 253.60
Food costs for State Convention (2-3 days)	\$ 100.00

Actual cost to student will depend on stethoscope selection.

These items are alternative Scopes that are longer sold at the VC bookstore and can purchased elsewhere

MDF ProCardial Core (MDF797DD)

MDF Classic Cardiology (MDF797)

VICTORIA COLLEGE
2200 E. RED RIVER
VICTORIA, TEXAS 77901 PRE-ENTRANCE PHYSICAL EXAMINATION

Date of exam must be within 6 months of admission.

The applicant named below is a candidate for one of The Victoria College Allied Health Programs. Your cooperation in performing the pre-entrance Physical Examination and completion of this form will assist both the applicant and the program.

Name of applicant: _____
Last Name _____ First Name _____ Maiden Name _____ **Address:** _____
_____ Number and Street
City _____ State _____ Zip _____

Telephone #: _____ **Date of Birth:** _____ **SS#** _____

This portion to be completed by applicant:

Medical History of Family: (Please include heart or kidney disease, cancer, hypertension, diabetes, mental or nervous disorders and other chronic illnesses.) _____

Previous Injuries _____

Medical History of Applicant: Check all that apply

If you checked any of the below, please give dates and current status:

- | | | |
|---|--|--|
| <input type="checkbox"/> Back Conditions/Disease/Injury | <input type="checkbox"/> Dizzy Spells | <input type="checkbox"/> Low Vision/Blindness |
| <input type="checkbox"/> Back Pain - Recurrent | <input type="checkbox"/> Double/Blurred Vision | <input type="checkbox"/> Memory Loss |
| <input type="checkbox"/> Bone Fracture | <input type="checkbox"/> Failing Vision | <input type="checkbox"/> Mental Illness |
| <input type="checkbox"/> Chest Pain | <input type="checkbox"/> Foot Pain | <input type="checkbox"/> Muscle Weakness |
| <input type="checkbox"/> Cold Numb Feet | <input type="checkbox"/> Gout | <input type="checkbox"/> Peripheral Vascular Disease |
| <input type="checkbox"/> Color Blindness | <input type="checkbox"/> Heart Murmur | <input type="checkbox"/> Ringing in Ears |
| <input type="checkbox"/> Communicable Disease(s) | <input type="checkbox"/> Hernia | <input type="checkbox"/> Seizure Disorder |
| <input type="checkbox"/> Convulsions/Seizures | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Shortness of Breath: ___ On Exertion ___ Lying Flat |
| <input type="checkbox"/> Coronary Artery Disease | <input type="checkbox"/> Irregular Pulse | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Deafness | <input type="checkbox"/> Joint Disease/Injury | <input type="checkbox"/> Varicose Veins/Phlebitis |
| <input type="checkbox"/> Decreased Hearing | <input type="checkbox"/> Leg Pain When Walking | |
| <input type="checkbox"/> Diabetes Type ___ Insulin ___ | | |

If you checked any of the above, please give dates and current status:

List any conditions you have that may (or do) affect your ability to

See: _____ Hear: _____ Walk: _____ Lift: _____ Bend: _____ Reach: _____
Stand: _____ Stoop: _____

PHYSICAL EXAMINATION OF APPLICANT

NAME: _____ DATE OF BIRTH: _____

TEMP _____ RESP _____ PULSE _____ B.P. _____ HT. _____ WT. _____

GENERAL APPEARANCE: _____

SKIN: _____ MUCOUS MEMBRANE: _____

EYES: VISION: R _____ L _____ CORRECTED _____ UNCORRECTED _____ COLOR TEST: _____

EARS: _____ HEARING: _____

NOSE: _____ THROAT: _____ PHARYNX: _____ TONSILS: _____

CHEST: _____

HEART: _____ BREAST: _____

LUNGS: _____

ABDOMEN: _____

HERNIA: _____

EXTREMITIES: _____ PULSES: _____

ORTHOPEDIC CONDITIONS: _____

LYMPH NODES: NECK _____ AXILLA _____ INGUINAL _____

NEUROLOGICAL: _____

DIAGNOSIS/FINDINGS: _____

RECOMMENDATIONS: _____

Based on this physical exam, I certify that this individual is suitable physically and emotionally for participation in an Allied Health Program.

Typed/Printed Name of Healthcare Provider

Signature of Healthcare Provider

Street Address of Healthcare Provider

Date

City/State/Zip Code ()
Telephone #

READ THIS FIRST

INSTRUCTIONS TO RECORD OF IMMUNIZATIONS

Immunizations must be current. This includes the DT/DPT first series and DT (diphtheria, tetanus) booster within the last 10 years, and MMR (measles, mumps, rubella) for students born after January 1, 1957.

If born before January 1, 1957 you must have a Rubella titer that shows immunity OR receive one dose of the MMR vaccine.

The two-step PPD skin test for tuberculosis is required. Obtain the first PPD test AND the second PPD should be done within 21 days after the first PPD. *****

EXCEPTIONS TO IMMUNIZATION REQUIREMENT

(Verification of Immunity/History of Illness)

- (a) Serologic confirmations of immunity to measles, rubella, mumps, hepatitis A, hepatitis B, or varicella, are acceptable. Evidence of measles, rubella, mumps, hepatitis A, or hepatitis B, or varicella illnesses must consist of a laboratory report that indicates either confirmation of immunity or infection.
- (b) A parent or physician validated history of varicella disease (chickenpox) or varicella immunity is acceptable in lieu of vaccine. A written statement from a physician, or the student's parent or guardian, or school nurse, must support history of varicella disease. **See TSHS varicella form.

Print Name: _____

DOB: _____

RECORD OF IMMUNIZATIONS

Note: Please provide dates for each requested blank unless otherwise specified and proof of immunity, if applicable.

TETANUS/DIPHTHERIA: DT/DPT First Series: _____

Booster date: _____

(One dose of tetanus-diphtheria toxoid (Td) is required within the last ten years.)

MEASLES/MUMPS/RUBELLA: Two doses of MMR are required:

Dose #1 _____ (Immunization received as infant may be used as first dose.) Dose #2

OR

Proof of immunity to Rubella by Rubella titer: Immune Status/Date: _____

Proof of immunity to Measles by Measles titer: Immune Status/Date: _____

Proof of immunity to Mumps by Mumps titer: Immune Status/Date: _____

2 STEP PPD TB TEST **Note: TINE TESTS ARE NOT ACCEPTABLE**

1. Date of "first" skin test: _____ Reaction: _____ mm

2. Date of "Second" skin test: (NOTE: must be within 21 days of first dose) _____ Reaction: _____ mm

If candidate has a positive PPD, has he/she been evaluated for/received INH chemoprophylaxis? _____

If previous positive PPD, date of chest x-ray within 6 months of admission date: _____ Chest x-ray report: _____

HEPATITIS B SERIES:

Date of First Dose: _____

Date of Second Dose (One (1) month after 1st dose): _____

Date of Third Dose (Six (6) months after 1st dose): _____

OR Serologic confirmation of immunity to hepatitis B virus: Date: _____

Immune Status: _____

VARICELLA:

Date of 1st dose: _____

Date of 2nd dose: _____ (Required if 1st dose was given after 13 years of age.)

OR Serologic confirmation of immunity to Varicella virus: Date: _____

Immune Status: _____

OR Complete form "Documenting History of Illness: Varicella (Chickenpox)" Date of Illness: _____

By signing this document, you, the Healthcare Provider, are validating immune status on any titers reported above. Please attach laboratory results of all titers completed. *****Healthcare Provider signature required.*****

Signature of Healthcare Provider

Date

Documenting History of Illness: Varicella (Chickenpox)

This form summarizes the “Exceptions to Immunization Requirement (Verification of Immunity/History of Illness)” incorporated in Title 25 Health Services §97.65 of the Texas Administrative Code (TAC).

Section §97.65 of the TAC states, “A written statement from a parent (or legal guardian or managing conservator), school nurse, or physician attesting to a child's/student's positive history of varicella disease (chickenpox), or of varicella immunity, is acceptable in lieu of a vaccine record for that disease (see form at <http://www.dshs.state.tx.us/immunize/docs/c-9.pdf>).” School nurses may also write a statement to record cases of chickenpox that they see. The school will make and keep copies of any reports proving chickenpox illness or the results of any serologic tests given as proof of immunity. The original should be given back to the parent or guardian. If a parent or guardian cannot give the history of disease, or if serologic proof is not available, the varicella vaccine requirement must be met.

Proof of having had chickenpox disease can be proved by:

1. Serologic blood confirmation of varicella immunity.
2. A written report from a doctor, school nurse, or the parent or guardian of the child or student using words like:

“This is to prove that _____ had chickenpox on or about
(Name of student)

_____ and does not need varicella vaccine.”
(month / day / year)

(Signature)

(Relationship to student)

(Date)

Visit our website at:
www.immunizetexas.com

Documentación del historial de enfermedad: Varicela (*Chickenpox*)

Este formulario resume las "Excepciones al Requisito de Inmunización (Verificación de inmunidad/Historial de la enfermedad)" incorporadas en el Título 25, Servicios de Salud, Sección §97.65 del Código Administrativo de Texas (TAC).

La Sección §97.65 del TAC estipula: "Una declaración firmada de uno de los padres (o tutor legal, o padre con la custodia principal), o la enfermera de la escuela o un médico, la cual dé fe de que el niño o estudiante tiene un historial positivo de enfermedad de la varicela (*chickenpox*), o tiene inmunidad a la varicela, es aceptable en lugar de un registro de la vacuna contra esta enfermedad (vea el formulario en <http://www.dshs.state.tx.us/immunize/docs/c-9.pdf>)." Las enfermeras de la escuela también pueden hacer una declaración por escrito para registrar los casos de varicela que vean. La escuela hará y guardará copias de cualquier informe que demuestre que se ha tenido la enfermedad de la varicela o de los resultados de cualquier análisis serológico que se hayan entregado como prueba de inmunidad. El original debe regresarse al padre o tutor. Si el padre o tutor no pueden proporcionar el historial de enfermedad, o no cuentan con evidencia serológica disponible, el requisito de vacunación contra la varicela debe cumplirse.

Se puede probar que se ha tenido la enfermedad de la varicela mediante:

1. Confirmación serológica sanguínea de inmunidad a la varicela.
2. Un informe por escrito de un médico, enfermera de la escuela, o uno de los padres o tutor del niño o estudiante, que diga algo como lo siguiente:

"Por este medio demuestro que _____
(Nombre del estudiante)

tuvo varicela en esta fecha o en una fecha aproximada _____ y no
necesita la vacuna contra la varicela."
(mes / día / año)

(Firma)

(Relación con el estudiante)

(Fecha)

Visite nuestro sitio web en: www.immunizetexas.com

**VICTORIA COLLEGE
RESPIRATORY CARE PROGRAM
STUDENT APPLICATION**

NAME: _____
Last First Middle Initial

Social Security Number: _____

Are there any other names which might appear on a transcript? If so, please list:

Present Address: _____
Street City State Zip Code

E-Mail Address: _____
Home Phone: _____
Cell Phone: _____

PERMANENT ADDRESS: _____
(If different from above) Street City State Zip Code

EDUCATION:

High School: _____
Name of School City State

Did you graduate? **YES** Year of Graduation _____ **NO** *(if NO, do you have a GED?)* _____

COLLEGE OR UNIVERSITY ATTENDED

Please list or provide transcript

INSTITUTION	DATES ATTENDED	COURSES COMPLETED

GENERAL INFORMATION

Scholastic Honors: _____

List additional medical training that you have received: (exp.: CPR/First Aid, Medical Assisting, etc.)

Applying for Fall _____

Have you ever been convicted of a crime other than minor traffic violations? YES ___ NO ___

(NOTE: DWI is not a minor traffic violation)

Describe: _____

Have you ever been treated medically or surgically for any physical and/or mental conditions which would interfere with your ability to function as a respiratory therapist?

YES ___ NO ___ Please specify:

EMERGENCY INFORMATION:

In case of an emergency, NOTIFY:

Name: _____

Phone Number:

Home: _____

Work: _____

Cell: _____

Relationship: _____

ADDITIONAL INFORMATION:

I certify that the above statements are true and correct. I understand it is the applicant's responsibility to verify that the application has been received and all necessary paperwork be completed before May 15th in order to be considered for acceptance into the program.

Signature of Applicant

Date

Return completed application to:

VICTORIA COLLEGE RESPIRATORY CARE PROGRAM
ATTN: *Administrative Assistant*
2200 E. RED RIVER, STE. AH100
VICTORIA, TX 77901-4494