

**UNIVERSITY OF SOUTH ALABAMA  
COLLEGE OF ALLIED HEALTH PROFESSIONS  
DEPARTMENT OF CARDIORESPIRATORY CARE**

**APPLICATION FORM  
(PROFESSIONAL PHASE)**

**I. PERSONAL INFORMATION**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
City State Zip

EMAIL: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_ SEX: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ CITIZEN: \_\_\_\_\_

**II. ACADEMIC & PROFESSIONAL PROFILE**

**A. PRESENT STUDENT STATUS:**

1. \_\_\_\_\_ Currently enrolled at the University of South Alabama as a Cardiorespiratory Care major.
2. \_\_\_\_\_ Currently enrolled in some other B.S. Degree program at the University of South Alabama
3. \_\_\_\_\_ Currently enrolled at another college or university  
College/university: \_\_\_\_\_  
Location: \_\_\_\_\_
4. \_\_\_\_\_ Hold associate degree in respiratory therapy.  
School Attended: \_\_\_\_\_  
Location: \_\_\_\_\_
5. \_\_\_\_\_ Hold CRT credential.  
Grandfather Clause: \_\_\_\_\_  
CRT Program: \_\_\_\_\_  
Location: \_\_\_\_\_
6. \_\_\_\_\_ Hold other allied health credential  
Specify Credential: \_\_\_\_\_  
College/university: \_\_\_\_\_  
Location: \_\_\_\_\_

- B. List any additional courses you will complete before entering the Professional Phase of the Cardiorespiratory Care Program, as well as courses in which you are currently enrolled and their expected dates of completion.

- |          |          |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

### III. EMPLOYMENT PROFILE

A. Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Employment Dates: \_\_\_\_\_

Position(s) Held: \_\_\_\_\_

\_\_\_\_\_

Reasons for Leaving: \_\_\_\_\_

\_\_\_\_\_

B. Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Employment Dates: \_\_\_\_\_

Position(s) Held: \_\_\_\_\_

\_\_\_\_\_

Reasons for Leaving: \_\_\_\_\_

\_\_\_\_\_



**VI. NARRATIVE**

Handwrite in ink a 200-word narrative in the space provided below why acceptance into the Professional Phase of the Cardiorespiratory Care Program at the University of South Alabama is important to you.

The information that I have provided is accurate and truthful. I understand that submitting false information in any form during this application process will nullify my application.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

USA Student Number \_\_\_\_\_

*The University of South Alabama does not discriminate on the basis of race, sex, color, creed, handicap, or national origin in admission, or employment in any program or activity.*

# Department of Cardiorespiratory Care

## College of Allied Health

### University of South Alabama

**Print applicant name:** \_\_\_\_\_

#### **The Essential Functions for the Respiratory Therapy Student:**

The respiratory therapy student is expected to:

Assess patient needs for respiratory therapy by interviewing patients; performing limited physical examinations; reviewing existing clinical data and recommending the collection of additional pertinent data; perform cardiopulmonary diagnostic procedures, calculate test results, determine reliability, perform quality control, and evaluate implications of test results; evaluate all clinical data to determine the appropriateness of the prescribed respiratory care, to participate in the development of the respiratory care plan, and to provide care using clinical patient care protocols; select, assemble, and check for proper function, operation, and cleanliness of all equipment used in providing respiratory care; be responsible for the transportation, set-up, calibration, maintenance, and quality assurance of respiratory care and pulmonary function testing equipment; initiate and conduct therapeutic procedures, evaluate treatment efficacy, and modify prescribed therapeutic procedures to achieve one or more specific objectives in acute care, intensive care & life support, continuing care, and rehabilitation settings.

Some of the activities required of students in respiratory therapy include: performing chest compressions during cardiopulmonary resuscitation, using two hands to deflate a bag while securing a face mask, identifying labels on medication vials, hearing and responding to monitor alarms, obtaining arterial blood using a syringe and needle, using computer keyboards, communicating by telephone, traveling between patient rooms, and in emergency situations, responding and reacting quickly under stress; acting as an assistant to the physician with special procedures such as bronchoscopy, invasive cardiovascular monitoring, insertion of chest tubes, etc.; demonstrating professional attributes of a member of the health care team including appropriate levels of confidence, cooperation, empathy, independence, initiative, judgment, maturity, organizational skills, ethics, and dependability; respecting and obeying all pertinent laws and regulations and abiding by the AARC Code of Ethics; maintaining confidentiality and accuracy of patient records and communicate relevant information to other members of the health care team; projecting a professional and healthful image, including: appearance, courtesy, respect, self-control, honesty, punctuality, and responsibility.

#### **Technical standards**

The following statements identify the physical capabilities appropriate to the profession of Respiratory Therapy.

A. The respiratory therapy student must possess sufficient strength, motor coordination, and manual dexterity to be able to:

1. Stand and walk (often fast walking) for approximately 90% of the work time; bend, squat, kneel, and climb stairs.
2. Lift up to 45 pounds; carry up to 25 pounds; push and/or pull machinery weighing in excess of 100 pounds.
3. Push and/or pull heavy objects such as ventilators and compressed gas tanks.
4. Use hands and fingers 100% of the time for duties such as percussing and auscultating patients, assembling and disassembling equipment, manipulating controls on machines and palpating patient pulses.

- B. The students must be able to communicate verbally in an effective coherent manner to explain respiratory therapy procedures and instruct patients during those procedures.
- C. The students must be able to hear, understand, and react quickly to verbal instructions from patients and other healthcare workers. The students must be able to hear alarms on equipment and monitors.
- D. The students must have visual acuity to read charts, observe patients, read machine controls, and patient monitors. The ability to read LEDs is needed, as is the ability to see in dim light.
- E. At the end of the education program, the respiratory therapy graduate must be capable of:
  - 1. Maintaining effective performance in stressful situations related to equipment and patient problems.
  - 2. Responding appropriately to situations requiring emergency care of the patient.
  - 3. Providing physical and emotional support to the patient during procedures, and during emergencies.
  - 4. Working closely with members of the health care community.

If you can perform the procedures and tasks outlined above without restrictions, please sign below:

Student signature \_\_\_\_\_ Date \_\_\_\_\_

If you cannot perform one or more of the technical standards identified above, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Student signature \_\_\_\_\_ Date \_\_\_\_\_

**STOP AND REVIEW**

If you cannot meet any of the above standards cited above, you may still submit an application. However, be advised that your inability to meet one or more of these standards may preclude you from meeting program requirements, or finding employment in the field. You must schedule a meeting with the program director to discuss your individual situation.

**University of South Alabama**  
**Department of Cardiorespiratory Care**

Mr.

Mrs.

Ms. \_\_\_\_\_ is applying for the Bachelor of Science Degree Program for Cardiorespiratory Care at the University of South Alabama. He/she has requested that you submit a letter of recommendation on his/her behalf. Please specifically address each of the following attributes as they pertain to this applicant (use reverse side if necessary):

- A. Personality
- B. Character and reputation
- C. Maturity/Emotional qualities
- D. Relationship with others (superiors and peers)
- E. Capabilities and initiative

Return this letter to: Department of Cardiorespiratory Care, University of South Alabama, 1504 Springhill Avenue, Room 2545, Mobile, Alabama, 36604.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ Date: \_\_\_\_\_

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**Department of Cardiorespiratory Care**

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