



**APPLICATION For
Associate of Applied Science Degree
in Respiratory Care**

Class Beginning: August 2026

Graduating: August 2027

Deadline to Apply: May 1, 2026

****NOTE: A new application must be submitted each year.**

NOTICE OF NON-DISCRIMINATION:

Applicants for admission and employment, students, employees, and sources of referral of applicants for admission and employment are hereby notified that the Missouri Health Professions Consortium and its member institutions do not discriminate on the basis of race, color, religion, national origin, ancestry, gender, sexual orientation, genetic information, age, disability, veteran status, or any other characteristic protected by law. Inquiries related to employment practices may be directed to Carrie Myers, Human Resources Director, HH 133, telephone number 636-584-6712, or hrnotice@eastcentral.edu the student designated home campus.

Inquiries/concerns regarding civil rights compliance and Title IX as it relates to student programs and services may be directed to the Vice-President of Student Development, 131 Buescher Hall, 636-584-6565, or stnotice@eastcentral.edu. Both offices are located at the ECC main campus located at 1964 Prairie Dell Road, Union, Missouri 63084.

If the student has difficulty identifying the appropriate contact at his/her respective college, the MHPC Respiratory Program Faculty and Program Director will assist him/her with making contact and accessing needed services.



Missouri Health Professions Consortium Respiratory Care Program Application Checklist

The following must be included when applying to the program:

- ☐ Completed Application
- ☐ Unofficial Transcripts
 - Please include unofficial transcripts from all colleges attended
- ☐ TEAS Test Results
- ☐ Completed Shadowing Observation Forms
 - One form is required for each individual observation session
 - Please be sure the clinician has sent their completed form(s)
- ☐ Signed Acknowledgement of Technology Requirements Form
- ☐ Signed Online Student Learning Agreement Form
- ☐ Signed Technical Performance Standards Form
- ☐ Please be sure your 3 professional reference forms have been completed and submitted to the MHPC Respiratory Care Office



Thank you for your interest in our Associate Degree Respiratory Care Program. Enclosed is the application packet. This packet includes information you will need to read plus forms you will need to complete and return if you would like to begin the application process.

The Respiratory Care Program (Program #200690) offering an Associate's in Applied Science (AAS) degree at East Central College and the Missouri Health Profession Consortium located at 1964 Prairie Dell Rd, Union, MO is provisionally accredited by the [Commission on Accreditation for Respiratory Care \(CoARC\)](#).

The Missouri Health Professions Consortium (MHPC) Respiratory Care Program is offered at the following community colleges: East Central College (ECC), Moberly Area Community College (MACC), North Central Missouri College (NCMC), State Fair Community College (SFCC), and Three Rivers College (TRC). The MHPC Respiratory Care Program admissions process does not discriminate on the basis of race, creed, national origin, ancestry, gender, sexual orientation, age, veteran status, marital or parental status, or the presence of a non-job-related condition or disability.

Students interested in the MHPC RSC Program are admitted to the community college on the same basis as other students, but admission to the college does not guarantee admission into the Associate of Applied Science Degree Program in Respiratory Care. Students in the MHPC RSC Program register for all Respiratory Care courses through their "home campus" at which they have applied and been selected for RSC Program admission. General education courses may be taken at the home campus or transferred to the "home campus" from another institution. (Transfer students should check with an advisor or the home campus registrar's office for course equivalencies.)

The Respiratory Care Program is a 69-**credit hour** program (including pre-requisites) that encompasses general education coursework, professional-level coursework, classroom, laboratory practice, and clinical experiences in a variety of local hospitals and facilities. Once selected for admission into the program, students should complete the full-time Respiratory Care Program in one year. General education courses may be completed on a full-time or part-time basis prior to entering the program. Upon graduation, students receive an Associate of Applied Science Degree in Respiratory Care which prepares them to be a Registered Respiratory Therapist (RRT) and to become state licensed as a Respiratory Care Practitioner after successfully completing the Therapist Multiple Choice (TMC) and Clinical Simulation Exam (CSE) administered by the National Board for Respiratory Care (NBRC) to obtain the Registered Respiratory Therapy (RRT) credential.

An Associate of Applied Science Degree in Respiratory Care is the first step in the profession of respiratory care. This degree prepares a student to begin further studies (through University Programs) and to progress in the profession with a Bachelor of Science Degree, a Master's Degree, or a Doctoral Degree, if the student chooses to do so.

The MHPC Respiratory Care Program curriculum includes **live** virtual classroom instruction (3-4 days/week - Fall & Spring Semesters), on-campus laboratory instruction in Columbia or Union as designated (1 day/week - Fall & Spring Semesters), and Clinical (2-3 days/week - Fall, Spring, & Summer Semesters). The **LIVE** virtual classroom lecture components are taught by MHPC Respiratory Care faculty and is broadcast to the students using distance education technology. This technology may include, but not be limited to Zoom, Canvas, and other video streaming technology in a combination of synchronous and asynchronous delivery. These classes require mandatory attendance.

To complete the required laboratory component of the Program, it is important to note that students will be required to travel to either Columbia or Union one day each week, meeting face-to-face with an instructor:

- ECC students attend lab sessions on the ECC campus in Union.
- NCMC students attend lab session on the CMU (Central Methodist University) campus in Columbia.
- MACC students attend lab sessions on the CMU (Central Methodist University) campus in Columbia
- SFCC students attend lab sessions on the CMU (Central Methodist University) campus in Columbia
- TRC students attend lab sessions on the ECC campus in Union.

Due to seat capacities students may be assigned to an alternate lab location.

The Clinical coursework of the MHPC Respiratory Care Program takes place in off-campus clinical settings. Due to the rural nature of the program and available sites students should be prepared to drive up to 2 hours each way to their clinical site location. Local RRT clinicians serve as the Clinical Instructors and Clinical Preceptors who will supervise the Respiratory Care students during the required clinical rotations.

Once all classroom coursework and clinical requirements are completed within the MHPC Respiratory Care Program, students will graduate from their home campus. The MHPC RSC Program is full-time only, with courses offered in a specific sequence. Each spring, up to forty students will be selected to begin the Program during the following August. The professional year of the Program (Respiratory coursework) is designed to be completed within 12 months (three 16-week semesters) beginning in August and ending in August.

To be considered for admission into MHPC's Associate Degree Respiratory Care Program you must have completed high school, or equivalent, and be admitted as a student (separate application) to the "home" campus. *Applicants desiring admission into the Respiratory Care Program who have failed to achieve a "C" or better in **ANY** two MPHRC Respiratory Care Courses or in **ANY** two Respiratory Care Courses/Programs attended, will not be considered for admission. In addition, students who have been admitted two times to **ANY** Respiratory Care Program(s) are not eligible for admission. ***To apply to the MHPC RCP Program, return the attached application to East Central College, Allied Health Department, Attn: Respiratory Care, 1964 Prairie Dell Road, Union, MO 63084-4344. Applications must be submitted on an annual basis and are only good for one admission cycle.****

Class selection is based on academic performance. A point system is used to determine an applicant's rank in the selection process. Academic advisors will be glad to review a student's standing and provide suggestions on how they may achieve the best candidacy possible. *(See the chart included in this packet regarding contact information for pre-program advisors.)*

It is the **APPLICANT'S RESPONSIBILITY** to verify with the MHPC Respiratory Care Office that the application file is complete. Incomplete application files will NOT be considered for admission.

All applicants will be notified, ***via email***, of their admission status by June 1st of each year.

Best of luck with your educational endeavors and please let us know if you have any questions regarding the Program or application, please contact Valerie Norwood, the MHPC Respiratory Care Practitioner Program Director, at 636-584-6145 or via email at Valerie.norwood@eastcentral.edu.

ACCEPTANCE CRITERIA

For acceptance consideration into the MHPC Respiratory Care Program, applicants ***must meet*** the following ***minimum*** criteria:

1. **Minimum pre-requisite GPA of 2.5 or greater on a minimum of 12 credit hours of college credit.** (A GPA of 3.0 or higher is suggested.)
2. **TEAS Admission Test Score of 58% or greater in the last two years.** ***It is the student's responsibility to provide our office with a copy of his/her TEAS results.*** The TEAS exam is designed to assess a student's academic and personal readiness for higher education in a healthcare-related field, such as Respiratory Care. The test is an internet-based, timed, multiple-choice test evaluating a student's knowledge in the following categories: English language, grammar, vocabulary, math, human anatomy & physiology, life & physical sciences, and scientific reasoning. Tests are not individually timed during testing. A student will have 4-1/2 hours to complete the test, so pacing oneself is very important. Students will need to schedule the exam at the campus testing center that has been identified at their home campus. More information regarding the TEAS exam can be found on the MHPC/ECC website at <https://www.eastcentral.edu/allied-health/respiratory-care/>. Please reach out to your home campus pre-Respiratory Care advisor for more information.
3. **Pre-requisite coursework completed with a "C" or better.** Pre-requisite coursework ***must be completed by the end of the Summer Semester (August) before Fall admission into the program.*** (See the curriculum page in this Application Packet for more details.) All science courses must be no older than 5 years at the time of acceptance.
4. **Minimum of 8 hours observation with a RRT.** Observation must be completed at a hospital, skilled nursing/long term care facility, or pulmonary function laboratory.
5. **Three (3) professional references on file.** (See application for guidelines regarding references).
6. **Unofficial transcripts received and evaluated for the program, as well as proof of enrollment, if coursework is taken at another institution.** Applications will not be considered if unofficial transcripts have not been evaluated by May 1st.
7. **A state of physical and mental health compatible with the responsibilities of a Respiratory Care career.** A physical examination, including selected diagnostic tests and immunizations, is required after acceptance into the program. (A form is provided in the Acceptance Packet.)
8. **Successful criminal background check and a satisfactory drug screening.** Admission is contingent on these two items. These procedures are completed after the Respiratory Care Acceptance Packet has been received.

PRE-RESPIRATORY CARE PROGRAM ADVISING

Prior to applying for admission to the Respiratory Care Program, students are encouraged to meet with a pre-Respiratory Care advisor at their “home” community college to make certain they are on track to complete the required general education classes.

Community College	Pre-Respiratory Care Advisor	Telephone
East Central College	Nancy Mitchell nancymitchell@eastcentral.edu	636-584-6616
Moberly Area Community College	Michelle Frey michellf@macc.edu	660-263-4100 ext. 11249
North Central Missouri College	Kristi Cutsinger kcutsinger@mail.ncmissouri.edu	660-359-3948 ext. 1316
State Fair Community College	Mauka Shaw mshaw7@sfccmo.edu	660-672-7011
Three Rivers College	Chris Adams cadams@trcc.edu	573-840-9292

RSC Program Academic Calendar 2026-2027

The MHPC Respiratory Care Program does not run on the same academic calendar as traditional college programs. **Students should refer to their “home campus” academic calendar for enrollment and drop dates.** The academic calendar for the Respiratory Care Class of 2027 is as follows:

Fall Session 2026	16-week	First 8-week	Second 8-week
Classes Begin	August 24, 2026	August 24, 2026	October 19, 2026
Labor Day (Closed)	September 7, 2026	September 7, 2026	
Fall Break (Closed)	October 15-16, 2026		
Thanksgiving Break (Closed)	November 25-27, 2026		November 25-27, 2026
Final Exams	December 10-16, 2026	October 14, 2026	December 10-16, 2026
Classes End	December 9, 2026	October 14, 2026	December 9, 2026

Spring Session 2027	16-week
Classes Begin	January 4, 2027
Martin Luther King (Closed)	January 18, 2027
Spring Break (Closed)	March 15-19, 2027
Spring Holiday (Closed)	March 26, 2027
Final Exams	April 26-30, 2027
Classes End	April 23, 2027

Summer Session 2027	16-week
Classes Begin	May 3, 2027
Memorial Day (Closed)	May 24, 2027
Independence Day (Closed)	July 2, 2027
Final Exams	August 16-20, 2027
Classes End	August 13, 2027

GENERAL EDUCATION COURSEWORK REQUIREMENTS

Prior to beginning the Respiratory Care Program in August, students must successfully complete the following general education courses with a “C” or better and maintain a minimum 2.5 GPA or higher in the required general education coursework listed below. Some coursework may require prerequisite study. Students should consult the community college catalog or an academic advisor to ensure they are taking the correct coursework. *Anatomy and Physiology coursework must have been completed no more than 5 years prior to enrolling in the RSC Program.*

Course Requirement	Course Equivalency at Each Community College				
	ECC	MACC	NCMC	SFCC	TRC
Core 42 Written Communication (English Composition I, 3 credits)	ENG101	LAL101	EN101	ENGL101	ENGL111
Core 42 Oral Communication (Oral Comm or Public Speaking, 3 credits)	COM101 or COM110	SPK101	SP175 or SP220	COMM101 or COMM103 or COMM105 or COMM190	SCOM101 or SCOM110
Human Anatomy w/Lab or HAPI (4-5 credits)*	BIO206	BIO205	BI240	BIO207	BIOL231
Human Physiology w/Lab or HAPII (4-5 credits)*	BIO207	BIO209	BI242	BIO208	BIOL232
CORE 42 Civics (US & State Constitution Requirement: American History or US Government, 3 credits)**	HST101, HST102 or PSC102	HST105, HST106 or PSC105	HI103, HI104 or PL216	HIST101, HIST102 or POLS101	GOVT121
General Psychology (3 credits)	PSY101	PSY101	PY121	PSY101	PSYC111
Medical Terminology (3 credits)	HSC113	HSC171	AH160	HEOC119	ALHE125 or IST149
Math Requirement (Intermediate Algebra or higher, 3 credits)	MTH110, MTH140, MTH150 or MTH160	MTH140, Precalculus, Algebra or higher	MT110	MATH110 or MATH112	MATH153 or MATH163

*The Anatomy and Physiology coursework is a sequence of two courses that includes a lab component. Depending on the college, the two courses may be called, “Human Anatomy with Lab” and “Physiology with Lab”, or the courses may be called, “Human Anatomy and Physiology I” and “Human Anatomy and Physiology II”. Both courses must be taken at the same college for the coursework to be considered for transfer credit. The home campus community college has ultimate responsibility for determining transfer credit equivalencies.

**Students may be required to complete 1-3 credit hour first-year experience courses as well as the Civics Achievement Exam as part of the pre-requisite coursework. Each MHPC member college will determine those courses or equivalencies.

Students may submit their RCP Program Application prior to completing all the general education classes. In this case, offers for program admission are contingent upon the applicant completing the remaining coursework during the Spring and Summer Semesters, while maintaining the minimum 2.5 GPA or higher, before Respiratory Care classes begin in August. **Students selected for admission to the Program must submit proof (unofficial transcripts) of general education course completion to the MHPC RSC Program Office prior to beginning Respiratory Care classes in August.**

General education classes may be completed at colleges other than the MHPC partner community college. **Transfer credit is determined by each MHPC partner community college and students should not presume that all general education courses taken at another college will transfer as the equivalent to MHPC partner college coursework.**

PROFESSIONAL YEAR COURSEWORK REQUIREMENTS

Students enrolled in the Respiratory Care Program must complete the coursework with a “C” or better while also maintaining an overall minimum 2.5 GPA or higher to progress to the next semester. Refer to the college catalog for course descriptions.

FALL SEMESTER		
Course Number	Course Title	Credit Hour
RSC 101	Fundamentals of Respiratory Care	3
RSC 110	Respiratory Physiology	3
RSC 115	Respiratory Equipment & Therapeutics	3
RSC 120	Respiratory Care Clinical I	1
RSC 121	Respiratory Care Lab I	2
RSC 165	Respiratory Pharmacology	2
Total Credit Hours: 14		

SPRING SEMESTER		
Course Number	Course Title	Credit Hour
RSC 105	Introduction Respiratory Disease	3
RSC 155	Mechanical Ventilation	3
RSC 160	Cardiopulmonary Diagnostics	3
RSC 170	Respiratory Care Clinical II	2
RSC 171	Respiratory Care Lab II	1
RSC 205	Specialized Procedures	3
Total Credit Hours: 15		

SUMMER SEMESTER		
Course Number	Course Title	Credit Hour
RSC 150	Advanced Respiratory Care	3
RSC 201	Neonatal & Pediatric Respiratory Care	3
RSC 220	Respiratory Care Clinical III	3
RSC 221	Respiratory Care Lab III	1
RSC 291	Respiratory Care Capstone	2
Total Credit Hours: 12		

****Total Respiratory Care Practitioner Program Credit Hours: 41**

ESTIMATED ITEMIZED EXPENSES

Tuition and Fees for the MHPC Respiratory Care Practitioner Program (professional coursework) will be higher than general education costs at the home campus. This is an estimate of student costs associated with the Program, including tuition, books, supplies, immunizations, training/certifications for the Class of 2027.

Student Fees Paid to Vendor	
Physical Exam & Immunizations (estimate)	\$200

FALL SEMESTER: 14 Credit Hours	
MHPC Tuition & Fees	*Waived
Books (approximate, purchased through home campus bookstore)	1,200.00
Watch w/2nd Hand, Uniforms (2), Lab Coat, Shoes, Stethoscope, etc.	300.00
Total Fall Semester:	\$1,500.00
SPRING SEMESTER: 15 Credit Hours	
MHPC Tuition & Fees	*Waived
AARC/MSRC Student Conference Fee (RSC 150)	200.00
Total Spring Semester:	\$200.00
SUMMER SEMESTER: 12 Credit Hours	
MHPC Tuition & Fees	*Waived
HESI Practice Assessment Fee (RSC 291)	85.00
TMC & CSE (certification exams RSC 291)	390.00
TMC & CSE Review Course (<i>Student's Responsibility</i>)	250.00
Graduation Fees (Estimate)	75.00
Total Summer Semester:	\$800.00
Total Estimated Program Costs:	
	\$2,500.00

***For the 2026-2027 Academic Year the MHPC Respiratory Care Program tuition is waived and being funded through the Federal Strengthening Community College 4 Grant.**

****ALL** costs are estimated and intended only to give a general idea. Amounts are subject to change during the time allotted for the degree. You pay only for credit hours taken during each semester.

Fees listed above are for the 2026-2027 Academic Year and are paid directly to the home campus, subject to change each year. All other costs (books, immunizations, screenings, supplies, etc.) are only an approximation. Program costs above do not include ordinary costs of daily transportation, living expenses, childcare, and health insurance. Transportation costs to travel to home or ECC campus, clinical lab and/or clinical fieldwork sites are not included above. Students are responsible for related transportation costs.

SUMMARY OF PROGRAM POLICIES

CRIMINAL HISTORY:

As a requirement of the application process for the MHPC Respiratory Care Practitioner Program, in response to RSMo 334.870 and 334.890, students accepted into the Program will be required to consent to release their criminal history records (RSMo 43.450) for the sole purpose of determining the applicant's ability to enter patient care areas in order to fulfill the requirements of the RCP Program. Any student who is found to have a criminal history for a felony conviction, as defined by state law, or is found to be on one of the governmental sanction lists, will not be accepted nor allowed to continue enrollment in the MHPC Respiratory Care Practitioner Program. Acceptance into and completion of the Program does not guarantee licensure. In addition, any conviction may affect a student's ability to be placed in a clinical site and a graduate's ability to sit for the Therapist Multiple Choice (TMC) and Clinical Simulation Exam (CSE) administered by the National Board for Respiratory Care (NBRC) or attain State Licensure. ***Students currently serving probation are ineligible for admission and may be ineligible for admission if the criminal offense is recent in nature.***

DRUG SCREENING:

The purpose of the MHPC RCP Drug Testing Policy is to ensure that students entering the Program are drug- and alcohol-free and to comply with the Drug-Free Schools and Communities Act Amendments of 1989. Offers of acceptance to the Respiratory Care Practitioner Program are made as conditional offers. Applicants may be denied admittance if a positive drug screen is detected. An applicant who refuses to authorize and pay for testing, or who tests positive for drugs, alcohol, or controlled substances, may not receive a final offer of admission. A current Respiratory Care student who refuses to authorize and pay for testing, or who tests positive for drugs, alcohol, or controlled substances, may not be allowed to continue in the Program. A positive drug screen during the professional years may disqualify a student from participating in required coursework involving client interaction and will affect the student's ability to complete the Program.

IMMUNIZATIONS AND PHYSICAL EXAMINATION:

The purpose of the MHPC Respiratory Care Practitioner Program Immunizations and Physical Examination Policy is to ensure that students entering the Program are in a state of physical and mental health compatible with the responsibilities of a career in respiratory care and in general, working with individuals in a healthcare or other provider environment. Upon acceptance of the Program, all incoming students are required to have a physical examination and specific immunizations (forms will be provided) to comply with MHPC and clinical site-specific policies. Records of childhood immunizations are sufficient; however, if not available or insufficient, proof of immunity/re-immunization is required at the student's expense. Applicants may be denied admittance if they are not in a state of physical and mental health compatible with the responsibilities of a career as a respiratory therapist and/or if they do not receive the proper immunizations as required by the Program's clinical affiliation agreements.

STUDENT PROGRAM STUDENT LEARNING OUTCOMES (PLOS)

Goal: To prepare graduates with demonstrated competence in the cognitive (knowledge), psychomotor (skills), and the affective (behavior) domains of the Respiratory Care practice as performed by Registered Respiratory Therapists (RRTs).

1. Utilize Critical Thinking/Problem Solving Skills:

Graduates will demonstrate proficiency in critical thinking and problem-solving to aid in the accurate diagnosis, effective management, and treatment of patients with cardiopulmonary diseases.

2. Evaluate Assessment Data and Apply Interventions:

Graduates will be able to systematically evaluate assessment data, apply appropriate interventions, and administer prescribed respiratory care to patients with cardiopulmonary diseases, ensuring optimal patient outcomes.

3. Demonstrate Technical Proficiency:

Graduates will exhibit technical proficiency in all required skills, performing their roles as Registered Respiratory Therapists safely and effectively.

4. Educate Various Stakeholders:

Graduates will possess the ability to educate patients, their families, healthcare professionals, and community members on matters related to cardiopulmonary wellness, disease prevention, and management, fostering health literacy.

5. Communication Skills:

Graduates will recognize, demonstrate, and apply written and oral communication skills essential for effective interaction in the healthcare setting. This includes communicating with patients, colleagues, and other healthcare professionals.

6. Professional Ethics and Legal Compliance:

Graduates will practice within the Registered Respiratory Therapist's professional moral, ethical, legal, and regulatory framework. This includes adhering to established standards of conduct, ensuring patient confidentiality, and maintaining the highest level of professionalism.

Upon completion of the MHPC Respiratory Care Practitioner Program, the student will earn the AAS in Respiratory Care Degree which prepares them to practice as a Registered Respiratory Therapist (RRT) and to become state licensed as a Respiratory Care Practitioner after successfully completing the Therapist Multiple Choice (TMC) and Clinical Simulation Exam (CSE) administered by the National Board for Respiratory Care (NBRC) to obtain the Registered Respiratory Therapy (RRT) credential.

TECHNICAL PERFORMANCE STANDARDS

Students participating in the Respiratory Care Practitioner Program must be able to:

1. Participate in lab activities that require hands-on contact with a manikin and close working quarters with peers.
2. Speak and understand the English language at a level consistent with competent professional practice.
3. Observe and interpret signs and symptoms through visual, auditory, and tactile feedback. Students must possess functional use of the senses that permit such observation.
4. Utilize hand and mechanical tools safely and effectively.
5. Exhibit sufficient postural and neuromuscular control, sensory function, and coordination to safely and accurately provide remediation.
6. Demonstrate the use of accepted techniques accurately and safely when using equipment and materials of the profession.
7. Participate in physical activity involving lifting of approximately 50 lbs., bending, moving and safely supporting others in transfer.
8. Communicate effectively and sensitively with patients and colleagues, including individuals from different cultural and social backgrounds.
9. Communicate judgments and treatment information effectively, with appropriate confidentiality.
10. Demonstrate appropriate behaviors and skills in classroom and fieldwork during interactions with faculty, other students, fieldwork coordinator, fieldwork supervisors and professional colleagues.
11. Demonstrate the mental capacity to assimilate, analyze, synthesize, integrate concepts, and problem solve to perform therapeutic interventions.

ESSENTIAL FUNCTIONS: PHYSICAL AND MENTAL STANDARDS

The Respiratory Care Program requires sufficient agility and strength to move from room to room, lift and position patients, maneuver in small places, and perform clinical services. Students must possess gross and fine motor abilities as well as auditory, visual, and tactile acuity, which are required to assess health status and perform effective patient care. To achieve the necessary requirements for issuance of an Associate in Applied Science Degree in Respiratory Care, the graduate must meet technical skills with or without reasonable accommodations. Students with disabilities who believe that they may need an accommodation are encouraged to contact the Access Office at their home campus to ensure that such accommodations are implemented in a timely fashion. See the chart below for specific requirements of the Respiratory Care Practitioner Program.

Frequency: O = Occasionally (1-33%), F = Frequently (34-66%), C = Constantly (67-100%)

Physical Stamina Required (Description):	Frequency
Lift - up to 50 lbs. to assist in moving patients, supplies, equipment	F
Lift - up to 200 lb. when moving patients	O
Stoop - adjust equipment	F
Kneel - manipulate equipment, perform CPR, plug in electrical equipment	O
Reach - overhead lights, equipment, cabinets; attach oxygen to outlets; stocking	C
Motor skills, manual dexterity - small and large equipment for storing, moving; apply sterile gloves; take BP; operate computers; perform CPR; utilize syringes, tubes, catheters; set up and maintain sterile field	C
Stand - prolonged periods of time (to deliver therapy, check equipment and patient, perform surgical procedures)	C
Climb - stairs, responding quickly to an emergency on another floor when elevators are unavailable or full	O
Feel - palpate pulses; perform physical exams; feel arteries or veins for puncture; assess skin temperature	C
Push/Pull - large, wheeled equipment, i.e. mechanical ventilators, wheelchairs, patients, x-ray, equipment, EKG machines, and office equipment	C
Walk - extended periods of time	C
Walk quickly or run - responding to emergency calls or assisting in critically ill patient transports	C
Manipulate - knobs, dials associated with diagnostic or therapeutic devices, small instruments, syringes	O
Respond - verbal directions, alarms, telephone; hear through a stethoscope for heart sounds, lung sounds, and blood pressure	C
Assess - patient conditions such as skin color, work of breathing; read small print and calibration on equipment; perceive color	C
Communicate Orally - goals and procedures to patients in English	C
Communicate In Writing - pertinent information (patient assessment, outcome assessments) in English	C
Comprehend - typed, handwritten, computer information in English	C
Mental Attitude (Description):	
Function safely, effectively, and calmly under stressful situations	C
Maintain composure and concentration while managing multiple tasks simultaneously	C
Prioritize multiple tasks	C
Possess social skills necessary to interact with patients, families, and co-workers (of the same or different cultures); to be respectful, polite, and discrete; and able to work as a team	C
Maintain personal hygiene consistently with close contact during direct patient care	C
Display actions and attitudes consistent with ethical standards of the profession	C
Exposure to blood borne pathogens – Hepatitis, HIV	F
Exposure to air borne pathogens – Influenza, TB, Pertussis, RSV, Covid	F

SELECTION PROCESS

Enrollment in the MHPC Respiratory Care Practitioner Program is limited and the Program may not be able to offer admission to all qualified applicants. ***Only students meeting all admission criteria and submitting all required application items by the application deadline will be considered.*** Completed applications will be evaluated utilizing selection criteria established in advance by the Program Director and Respiratory Care Admissions Committees.

Applicants are ranked using the same admission criteria and selection procedures, and rankings are grouped by clinical lab location in order to meet accreditation standards regarding student/faculty ratios for lab. Three Rivers College (TRC) applicants attend weekly clinical labs at East Central College (ECC) in Union and therefore applicants from those two campuses will be ranked as a group. North Central Missouri College (NCMC), Moberly Area Community College, and State Fair Community College (SFCC) students attend weekly labs in Columbia and therefore applicants from those three campuses will be ranked as a group. ***Due to seat capacities students may be assigned to an alternate lab location.***

Application review begins as soon as materials arrive at the MHPC Respiratory Care Program office in Union. Each requirement for admission has a point value attached (GPA, general education coursework, observation, recommendation, Teas Exam, etc.), and a screening score determines the preliminary ranking of applicants (paper review).

The MHPC Respiratory Care Program office will notify the candidates of the Admission Committee decision by email no later than June 1st, as to whether they are selected or not for the RSC Program admission for this application cycle. Students selected for the Respiratory Care Class will be required to complete the Respiratory Care Admissions Packet items (drug screen, background check, physical exam, immunizations, etc) during the summer semester prior to beginning Respiratory Care Classes in August.

RANKING FOR ADMISSION

Coursework Completed	TEAS Exam	GPA	RRT Observations
Grade from Anatomy & Physiology I&II if completed by May 31 st with a "C" or better. 3 = A 2 = B 1 = C <i>No points will be given for courses that have been retaken due to course failure.</i>	Individual Composite Score 0 = 58.0 2 = 58.1 - 63.0 4 = 63.1 - 68.0 6 = 68.1 - 73.0 8 = 73.1 - 78.0 10 = >78.1	Pre-requisite college GPA of a minimum of 12 credit hours of college credit 0 = 2.5 2 = 2.56 – 2.75 4 = 2.76 – 2.99 6 = 3.0 – 3.5 8 = 3.6 – 4.0	A minimum of 8 hours of RRT observation at a skilled nursing/long-term care facility, hospital, or pulmonary function lab is required. 0 = 8 hours 2 = 16 hours 4 = 24 hours <i>Other clinical facilities can be utilized after the minimum requirement is met.</i>

** Admission criteria are subject to change; however, all applicants will be notified of changes should they occur.*

It is the responsibility of the student to maintain communication with the MHPC Respiratory Care Program Office to ensure that the application folder is complete and up to date with current admission requirements. Admission to the program is **competitive in nature** and **is not guaranteed**. A selection committee ranks all applications, and admission is granted to the most qualified applicants. Applicants can improve their chances of admission by maintaining a high GPA, completing pre- and co-requisite courses and scoring high on the TEAS entrance exam. ***It should be understood that satisfactorily meeting minimum requirements does not automatically guarantee admission.*** If you have questions, you may call (636) 584-6145 or e-mail Valerie.norwood@eastcentral.edu.

REQUIREMENTS FOR ADMISSION

Students who have been admitted to any Respiratory Care Program previously must produce a Letter of Recommendation from the previous program Dean/Director. A student who has failed to achieve a “C” or better in ANY two (2) core Respiratory Care Courses, in any Respiratory Care Program(s) attended, will not be considered for admission. **Students who have had two (2) attempts to ANY respiratory care program are not eligible for admission.**

To INITIATE the application process, the student **MUST** complete the following requirements:

- 1. Apply for general admission to the student’s home community college.**
- 2. Complete the RSC Program Application and return it to the MHPC Respiratory Care Program Office.**
- 3. Provide Unofficial College Transcripts.** Applicant must submit unofficial transcripts from all colleges attended to MHPC Respiratory Care Program office at East Central College along with your application for evaluation. Evaluating transcripts can be time consuming so please allow ample time for processing. ***Failure to request your transcripts in a timely manner may result in an incomplete application file.***
- 4. Complete and submit the TEAS Admission Test Results.** Applicants must successfully complete the TEAS exam prior *to the May 1st application deadline*. The TEAS exam may be taken no more than twice in an application cycle. **A minimum score of fifty-eight percent (58%) composite is required.** The exam is comprised of tests consisting of English language, grammar, vocabulary, math, biology, and critical thinking. Each MHPC partner college offers the exam. Please contact the academic advisor at your home college to learn how to sign up for the exam. ***It is your responsibility to provide the office with a copy of your examination results.***
- 5. Complete a minimum of 8 hours observation** with a Registered Respiratory Therapist (RRT) at a skilled nursing/long term care facility, hospital, or pulmonary function laboratory.
- 6. Successfully complete all pre-requisite coursework with a grade of “C” or better.** Pre-requisite coursework must be completed by the end of the Summer Semester (August) before Fall admission into the program.
- 7. Maintain a pre-requisite College Grade Point Average (GPA) of 2.5 (minimum) on a minimum of 12 credit hours of college credit.** A GPA of 3.0 or higher is suggested.
- 8. Submit three (3) Completed Professional References.** The applicant is responsible for distributing reference forms. (See program application and reference form for criteria.) ***It is the applicant’s responsibility to check with the MHPC Respiratory Care Program Office to make certain that the references have been received by the May 1st deadline.*** Applicants who have had prior admission into any Respiratory Care Program must have a letter of reference from the Dean or Director of that program accompanying their application.
- 9. Sign and submit the Acknowledgement of Technology Requirements Form.**
- 10. Sign and submit the Online Student Learning Agreement Form.**
- 11. Sign and submit the Technical Performance Standards Form.**

It is the responsibility of the student to maintain communication with the MHPC RSC Program Office to ensure that the application folder is complete and up to date with current admission requirements. Admission to the Program is **competitive in nature** and **is not guaranteed**. A selection committee ranks all applications, and admission is granted to the most qualified applicants. Applicants can improve their chances of admission by maintaining a high GPA, completing pre- and co-requisite courses and scoring high on the TEAS entrance exam. ***It should be understood that satisfactorily meeting minimum requirements does not automatically guarantee admission.*** Students may call (636) 584-6145 or e-mail Valerie.norwood@eastcentral.edu with any questions.

REQUIREMENTS AFTER ACCEPTANCE INTO THE PROGRAM

Upon acceptance into the Program, the student **will be required** to complete the following:

1. **Drug Screening.** The testing site is determined by MHPC Respiratory Care Program.
2. **Satisfactory Medical Examination.** Applicant must be in a state of physical and mental health compatible with the responsibilities of a Registered Respiratory Therapist. A physical examination, including selected diagnostic tests and immunizations, is required after Program acceptance at the cost of the applicant. (The examination form is provided in the acceptance packet and is to be completed by the Healthcare Professional.)
3. **Satisfactory Criminal Background Check.**

Successful completion of the Respiratory Care Program DOES NOT guarantee eligibility to take the licensure examination. Since one of the functions of the Missouri State Board of Respiratory Care is to protect the public, the Board may refuse licensure to applicants who may jeopardize the well-being of Missouri citizens. The Missouri State Board of Respiratory Care may also refuse to grant the student permission to take the licensing exams or refuse to issue any certificate of registration of authority, permit, or license for the cause(s) outlined in Chapter 334.920 RSMO.

Under section 324.012.7, RSMO, individuals may request a pre-licensure determination of their criminal record under the Fresh Start Act. The form can be found [here](#).

ORIENTATION AND QUESTIONS

Orientation for New Respiratory Care Students:

Students selected for Program admission must attend a ***mandatory*** one-day orientation session at East Central College. Students will be notified of the orientation details upon acceptance to the Program. Bringing the entire class together on the same day will allow for a faculty/student meet & greet prior to the start of Respiratory Care Program classes in August. The group will review the Respiratory Care Student Handbook; policies and procedures; training on the technology and course delivery platform; student roles and responsibilities; dress codes and equipment; and class schedules for the year.

Program Questions:

It is the intent of the Missouri Health Professions Consortium (MHPC) and all the cooperating schools to create the highest quality RSC Program available. If you have questions or concerns regarding the program or any of its components, program policies, or practices, please direct your concerns to the MHPC Respiratory Care Program Office in Union, or to the Allied Health Director at your home campus.

Sincerely,

Valerie Norwood, MBA, RRT

Program Director

Phone: 636-584-6145

Email: valerie.norwood@eastcentral.edu

Denise King, BSRT, RRT

Director of Clinical Education

Phone: 636-210-4651

Email: denise.king@eastcentral.edu

Missouri Health Professions Consortium

Respiratory Care Program

1964 Prairie Dell Road

Union, MO 63084

Website: <https://www.eastcentral.edu/allied-health/respiratory-care/>



**Missouri Health Professions Consortium
(MHPC) Respiratory Care Program
Application for Program Admission
Class of 2027**

Return application by May 1, 2026 to:
EAST CENTRAL COLLEGE
 Department of Allied Health
 Respiratory Care Program
 1964 Prairie Dell Road
 Union, MO 63084-4344
 Telephone: (636) 584-6589

NAME: _____
 Last *First* *MI* *Previous/Other Names* *Student ID Number*

MAILING ADDRESS: _____
 Street *City* *State* *Zip Code* *County*

HOME/CELL PHONE: _____ WORK PHONE: _____

SCHOOL EMAIL: _____ PERSONAL EMAIL: _____

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ PHONE: _____

EDUCATION:

HIGH SCHOOL ATTENDED: _____ YEAR GRADUATED: _____

OR IF EARNED GED: STATE: _____ DATE RECEIVED: _____

COLLEGE/PROFESSIONAL SCHOOL(S) ATTENDED:

NAME: _____ DATES ATTENDED: _____ DEGREE: _____

NAME: _____ DATES ATTENDED: _____ DEGREE: _____

NAME: _____ DATES ATTENDED: _____ DEGREE: _____

If you are currently attending college, list the courses being taken: _____

1-5	Indicate which campus you wish to apply for the MHPC RC Program. Rate any/all campuses where you are willing to commute or relocate for the Respiratory Care coursework portion of the program using 1-5 as indicators.
	East Central College (weekly lab in Union)
	Moberly Area Community College (weekly lab in Columbia)
	North Central Missouri College (attend weekly lab in Columbia)
	State Fair Community College (weekly lab in Columbia)
	Three Rivers College (attend weekly lab in Union)
If you have indicated more than one campus above, you must number your preferences in order from 1-5. In order to be considered for the program at one or more of the campuses, you must apply for college admission and submit official transcripts to each community college BEFORE THE MAY 1, 2026 DEADLINE.	

CRIMINAL BACKGROUND HISTORY

Any student who is found to have a criminal history for a class A or class B felony, as defined by state law, or is found to be on one of the governmental sanction lists, will not be able to continue enrollment in the MHPC Respiratory Care Program. **Acceptance into, and completion of the Program, does not guarantee licensure by the National Board of Respiratory Care (NBRC) and the Missouri Board of Respiratory Care (MBRC).** *If criminal history prohibits placement in the clinical setting, you will not be able to complete the MHPC Respiratory Care Program.*

Admission is contingent upon a successful criminal background check and a satisfactory drug screening. The screenings are completed after the initial acceptance letter is sent.

**If yes, explain <u>fully</u>, in a separate notarized statement, and provide certified copies of court documents (i.e. docket sheet, complaint, and final disposition).			
YES	NO	Have you ever been issued a professional license, certification, registration, or permit in the field of respiratory care by any state, United States territory, province or country? If yes, please list the state, territory, province or country, type of license with license number, status of license, and your name as it appears on the license. _____	
YES	NO	Have you ever been denied a professional license, certification, registration, or permit? If yes, please explain fully in a separate notarized statement.	
YES	NO	Have you ever had a professional license, certification, registration, or permit revoked, suspended, placed on probation, or otherwise subject to any type of disciplinary action? If yes, explain fully in a separate notarized statement.	
YES	NO	Are you presently being investigated or is any disciplinary action pending against any professional license, certification, registration or permit you hold? If yes, please explain fully in a separate notarized statement.	
YES	NO	Have you ever voluntarily surrendered or resigned any professional license, certification, registration or permit? If yes, please explain fully in a separate notarized statement.	
YES	NO	Have you ever been convicted, adjudged guilty by a court, pled guilty, pled nolo contendere or entered an Alford plea to any crime, whether or not sentence was imposed excluding traffic violations? (This includes any crime where the disposition was a suspended imposition of sentence (SIS), or a suspended execution of sentence (SES), or if you pled guilty but were placed in an alternative or diversion court, including drug or DWI court.) If yes, please explain fully in a separate notarized statement.	
YES	NO	Have you ever been convicted, adjudged guilty by a court, pled guilty, pled nolo contendere or entered an Alford plea to any traffic offense resulting from or related to the use of drugs or alcohol, whether or not sentence was imposed? (This includes a disposition of a suspended imposition of sentence (SIS), suspended execution of sentence (SES), or placement in a post-plea alternative or diversion court and includes municipal charges of driving while intoxicated, driving under the influence and/or driving with excessive blood alcohol content.) If yes, please explain fully in a separate notarized statement.	
YES	NO	Do you have any condition or impairment, including a history of alcohol or substance abuse that currently interferes, or if left untreated may interfere, with your ability to practice in a competent and professional manner? If yes, explain fully in a separate notarized statement.	
YES	NO	Are you now being treated, or have you been treated within the past five years, through a drug or alcohol rehabilitation program? If yes, explain fully in a separate notarized statement and provide the discharge summary or other official documentation that shows your diagnosis, prognosis, and treatment plan.	
YES	NO	Are you listed on any state or federal sexual offender registry? If yes, explain fully on a separate notarized statement.	
YES	NO	Have you ever been placed on an employee disqualification list or other related restriction of finding pertaining to employment within a health-related profession issued by any state or federal government or agency? If yes, explain fully on a separate notarized statement.	

PROFESSIONAL REFERENCE INSTRUCTIONS:

Please complete the information below. **Three (3) references are required by May 1st** for a completed application file. It is your responsibility to contact the references and distribute the included reference form to those individuals, with a *stamped envelope addressed to East Central College, Attn: Respiratory Care Program, 1964 Prairie Dell Road, Union, MO 63084-4344*. Your references should be by a professional who can attest to your character and work ethic, preferably a healthcare professional (no friends/relatives). *Students that have been previously enrolled in a Respiratory Care Program, or are requesting program transfer, must supply one reference from the Dean/Director of that Respiratory Care Program.*

NAME (First and Last) PLEASE PRINT LEGIBLY	STREET/BOX ADDRESS/CITY/STATE/ZIP (Must have <u>complete</u> addresses. If business address, please include name of business.)	TITLE/ POSITION	RELATIONSHIP (No friends/relatives)

WORK HISTORY:

List employment beginning with the **MOST RECENT** position.

NAME OF EMPLOYER	ADDRESS	POSITION HELD	DATES	
			From	To

RESIDENTIAL HISTORY:

List all states in which you have resided in the past 10 years. _____

I understand that all information contained in this application, high school, college or university transcripts, together with the information received from references, will be presented to an admissions committee for review. I hereby grant permission to have my records reviewed. In applying for admission to the MHPC Respiratory Care Practitioner Program, I hereby _____ **waive** my right of access or, I hereby _____ **do not waive** my right of access, to confidential letters and statements of recommendation submitted by references on my behalf as provided by Federal Law, PL93-380.

By signing this application, I understand that it is my responsibility to *check the completion status of my application file no later than May 1st before the fall of the Respiratory Care Program entrance*. The file *must be complete for consideration*. I also understand that *any falsification of this application* will result in *ineligibility for admission*.

Signature _____

Date _____



MHPC Respiratory Care Program Professional Reference Form

Mail form to:

*East Central College, Attn: Respiratory Care Program,
1964 Prairie Dell Road, Union, MO 63084-4344
(Form must be on file by May 1st)*

Section A: To Be Completed by Applicant

Please complete this section and then present this form to the person giving the reference, along with ***a stamped envelope addressed to MHPC Respiratory Care Program at the address listed above.*** As an alternative, the reference form may be returned to you ***in a SEALED envelope*** for you to submit with your Application Packet. Forms should be completed by a professional, other than a friend or relative, who can attest to your character and work ethic, preferably a healthcare professional.

PLEASE NOTE: *Applicant files close May 1st. Applications will not be reviewed unless references are on file by the deadline.*

Name: _____
Last
Maiden (if applicable)
First
Middle Initial

WAIVER OPTION: In applying for admission to the Respiratory Care Program through the Missouri Health Professions Consortium, this student agrees to waive their Right of Access, as provided by Federal Law, PL93-380, to confidential letters and statements of recommendation submitted by references on their behalf as constituted by their signature below. ***If no signature is given,*** the student will have the right to read this reference.

Applicant's Signature: _____ Date: _____

Section B: To Be Completed by the Applicant's Reference

The above individual has applied to the MHPC Respiratory Care Program. Graduates of the Program are expected to pursue careers in the field of Respiratory Care. Your assessment of their potential is essential in the process used for selection of final candidates. Please carefully assess the applicant in the areas listed below, comparing this applicant to others you have known who have similar levels of experience or education. Please use the back of this form to share any ***additional strengths, weaknesses or concerns*** that the selection committee should consider for this candidate.

What is your relationship to this applicant? _____

How long have you known this applicant? _____

Reference Signature: _____ Printed Name: _____ Date: _____

Criteria	Excellent	Above Average	Average	Below Average	Unable to Judge
Communication Skills: (<i>Command of oral and written language, use of appropriate body language</i>)					
Reliability/Integrity: (<i>Honest; trustworthy; conscientious</i>)					
Motivation: (<i>Committed based on mature values; realistic view of profession</i>)					
Maturity: (<i>Self-control, unselfishness, realistic self-appraisal</i>)					
Perseverance: (<i>Steadfast in purpose; disciplined work habits; stamina/endurance</i>)					
Interpersonal Relations: (<i>Effective response/sensitivity to feelings/needs of others</i>)					
Emotional Stability: (<i>Performance under pressure; absence of tension symptoms; mood stability</i>)					
Intellectual Ability: (<i>Capable of understanding new ideas and concepts</i>)					
Resourcefulness: (<i>Adaptable in new situations; effective use of resources</i>)					
Judgment: (<i>Ability to analyze a situation and make appropriate decisions</i>)					



MHPC Respiratory Care Program Professional Reference Form

Mail form to:

*East Central College, Attn: Respiratory Care Program,
1964 Prairie Dell Road, Union, MO 63084-4344*

(Form must be on file by May 1st)

Section A: To Be Completed by Applicant

Please complete this section and then present this form to the person giving the reference, along with ***a stamped envelope addressed to MHPC Respiratory Care Program at the address listed above.*** As an alternative, the reference form may be returned to you ***in a SEALED envelope*** for you to submit with your Application Packet. Forms should be completed by a professional, other than a friend or relative, who can attest to your character and work ethic, preferably a healthcare professional.

PLEASE NOTE: *Applicant files close May 1st. Applications will not be reviewed unless references are on file by the deadline.*

Name: _____
Last Maiden (if applicable) First Middle Initial

WAIVER OPTION: In applying for admission to the Respiratory Care Program through the Missouri Health Professions Consortium, this student agrees to waive their Right of Access, as provided by Federal Law, PL93-380, to confidential letters and statements of recommendation submitted by references on their behalf as constituted by their signature below. ***If no signature is given***, the student will have the right to read this reference.

Applicant's Signature: _____ Date: _____

Section B: To Be Completed by the Applicant's Reference

The above individual has applied to the MHPC Respiratory Care Program. Graduates of the Program are expected to pursue careers in the field of Respiratory Care. Your assessment of their potential is essential in the process used for selection of final candidates. Please carefully assess the applicant in the areas listed below, comparing this applicant to others you have known who have similar levels of experience or education. Please use the back of this form to share any ***additional strengths, weaknesses or concerns*** that the selection committee should consider for this candidate.

What is your relationship to this applicant? _____

How long have you known this applicant? _____

Reference Signature: _____ Printed Name: _____ Date: _____

Criteria	Excellent	Above Average	Average	Below Average	Unable to Judge
Communication Skills: (<i>Command of oral and written language, use of appropriate body language</i>)					
Reliability/Integrity: (<i>Honest; trustworthy; conscientious</i>)					
Motivation: (<i>Committed based on mature values; realistic view of profession</i>)					
Maturity: (<i>Self-control, unselfishness, realistic self-appraisal</i>)					
Perseverance: (<i>Steadfast in purpose; disciplined work habits; stamina/endurance</i>)					
Interpersonal Relations: (<i>Effective response/sensitivity to feelings/needs of others</i>)					
Emotional Stability: (<i>Performance under pressure; absence of tension symptoms; mood stability</i>)					
Intellectual Ability: (<i>Capable of understanding new ideas and concepts</i>)					
Resourcefulness: (<i>Adaptable in new situations; effective use of resources</i>)					
Judgment: (<i>Ability to analyze a situation and make appropriate decisions</i>)					



MHPC Respiratory Care Program Professional Reference Form

Mail form to:
East Central College, Attn: Respiratory Care Program,
1964 Prairie Dell Road, Union, MO 63084-4344
(Form must be on file by May 1st)

Section A: To Be Completed by Applicant

Please complete this section and then present this form to the person giving the reference, along with **a stamped envelope addressed to MHPC Respiratory Care Program at the address listed above**. As an alternative, the reference form may be returned to you **in a SEALED envelope** for you to submit with your Application Packet. Forms should be completed by a professional, other than a friend or relative, who can attest to your character and work ethic, preferably a healthcare professional.

PLEASE NOTE: *Applicant files close May 1st. Applications will not be reviewed unless references are on file by the deadline.*

Name: _____
Last
Maiden (if applicable)
First
Middle Initial

WAIVER OPTION: In applying for admission to the Respiratory Care Program through the Missouri Health Professions Consortium, this student agrees to waive their Right of Access, as provided by Federal Law, PL93-380, to confidential letters and statements of recommendation submitted by references on their behalf as constituted by their signature below. ***If no signature is given***, the student will have the right to read this reference.

Applicant's Signature: _____ Date: _____

Section B: To Be Completed by the Applicant's Reference

The above individual has applied to the MHPC Respiratory Care Program. Graduates of the Program are expected to pursue careers in the field of Respiratory Care. Your assessment of their potential is essential in the process used for selection of final candidates. Please carefully assess the applicant in the areas listed below, comparing this applicant to others you have known who have similar levels of experience or education. Please use the back of this form to share any **additional strengths, weaknesses or concerns** that the selection committee should consider for this candidate.

What is your relationship to this applicant? _____

How long have you known this applicant? _____

Reference Signature: _____ Printed Name: _____ Date: _____

Criteria	Excellent	Above Average	Average	Below Average	Unable to Judge
Communication Skills: (<i>Command of oral and written language, use of appropriate body language</i>)					
Reliability/Integrity: (<i>Honest; trustworthy; conscientious</i>)					
Motivation: (<i>Committed based on mature values; realistic view of profession</i>)					
Maturity: (<i>Self-control, unselfishness, realistic self-appraisal</i>)					
Perseverance: (<i>Steadfast in purpose; disciplined work habits; stamina/endurance</i>)					
Interpersonal Relations: (<i>Effective response/sensitivity to feelings/needs of others</i>)					
Emotional Stability: (<i>Performance under pressure; absence of tension symptoms; mood stability</i>)					
Intellectual Ability: (<i>Capable of understanding new ideas and concepts</i>)					
Resourcefulness: (<i>Adaptable in new situations; effective use of resources</i>)					
Judgment: (<i>Ability to analyze a situation and make appropriate decisions</i>)					

SHADOWING OBSERVATION GUIDELINES

Students must complete a ***minimum of 8 hours observation with an RRT at a skilled nursing/long term care facility, hospital, or pulmonary function laboratory.*** The optional, but recommended, additional hours may be completed at a clinical site of the student's choosing. The enclosed Shadowing Observation Forms must be completed for each individual observation session. The clinician must complete and return the Clinician Form and the student must complete and return the Student Form. The student should also read the waiver option on the Clinician Form and sign in the space provided for the applicant signature. Please make additional copies of each form as needed.

Students considering a career in a health science field generally can make a more informed educational decision based on personal experience or observation. While at any clinical site, ***students must maintain the highest level of professional decorum to include appropriate dress, limited jewelry, and a professional appearance. Specifically, no jeans, t-shirts, sweatshirts, tennis shoes or open-toed shoes are to be worn. Tattoos should not be visible, and jewelry is limited to one earring per ear lobe. Overall appearance must be neat, clean and inspire confidence in the patient-provider interaction.***

Types of facilities that employ Registered Respiratory Therapists include hospitals, long-term care facilities, rehabilitation centers, physician practices, home care and medical equipment companies, ground and air ambulance services, pulmonary function laboratories, and sleep study centers. Shadowing observation requests are made quite frequently, and students will find most facilities accommodating. Students should be prepared to discuss their availability and the reason for their request. ***This process should begin at least 3-4 months before the application is due as some facilities will not be able to accommodate the request on a short timeframe.***

It is recommended that students observe more than 8 hours and in multiple RRT settings to gain an understanding of the diversity of the profession. Points are earned for clinical observation in the Respiratory Care Application review process. Applicants who complete more than the minimum and in more than one clinical RRT setting will earn more points than applicants who complete only the minimum required observation hours.



Missouri Health Professions Consortium (MHPC) **Respiratory Care Program**

Shadowing Observation Form -- Clinician

Clinician: Please mail this completed form to ***East Central College, Attn: Respiratory Care, 1964 Prairie Dell Road, Union, MO 63084-4344, or fax it to 636-583-4487.***

Thank you for providing this applicant with a career shadowing opportunity. Your cooperation is very much valued and appreciated. The following is a list of characteristics which we feel are required for a student to successfully complete training in the Respiratory Care Program. Please give us an honest opinion of your interaction with this student, and return this evaluation as soon as possible to allow the applicant time to complete the application requirements. ***(A separate form must be completed for each individual observation session.)***

SHADOW OBSERVATION WAIVER: In applying for admission to the Respiratory Care Program through the Missouri Health Professions Consortium, this student agrees to waive their Right of Access, as provided by Federal Law, PL93-380, to confidential letters and statements of recommendation submitted by references on their behalf as constituted by their signature below. ***If no signature is given,*** the student will have the right to read Shadowing Observation Forms.

Applicant's Signature: _____ Date: _____

Student Name: _____ Date of Observation: _____

Facility Name/Clinical Site: _____ City/State: _____

Clinician's Name: _____ Number of Hours Observed: _____

Clinician's Signature: _____ Clinician's Phone Number: _____

4 – Outstanding 3 – More than Satisfactory 2 – Needs Improvement 1—Unsatisfactory N/A – Not Observed

Description	4	3	2	1	N/A
Interest – motivated and eager to learn					
Participation – participated in activities					
Punctuality – arrived on time and prepared					
Attitude – positive approach to staff and others					
Appearance – clean, neat, and professional attire					
Professional Behavior – positive towards others					
Stress Response – maintains composure and able to function					
Maturity – demonstrates common sense, tact, and empathy appropriate for patient care					

Would you like to see this applicant in your facility as a student for clinical rotation? _____ Yes _____ No

In lieu of an interview, this comment section weighs heavily on our determination regarding applicant fitness for this profession. Please enter your comments below regarding this applicant.



**Missouri Health Professions Consortium (MHPC)
Respiratory Care Program**

Shadowing Observation Form -- Applicant

Applicant: *Please send this completed form along with your application to the MHPC Respiratory Care Program Office at East Central College, 1964 Prairie Dell Road, Union, MO 63084-4344.*

Please note that a separate form must be completed for each individual observation session.

Student Name: _____ Date of Observation: _____

Facility Name/Clinical Site: _____ City/State: _____

1. After shadowing, what are your thoughts (positive and negative) about this career?

2. After this shadowing experience, do you think this career is the right fit for you? Why/Why Not?

3. What did you like or dislike about the shadowing experience?

4. Did the clinician give you valuable insight into his/her profession? (Please circle one.)

POOR 1 2 3 4 5 GREAT

5. Overall, how would you rate your experience? (Please circle one.)

POOR 1 2 3 4 5 GREAT

6. Would you recommend this shadowing program to others? (Please circle one.)

YES NO MAYBE

Additional Comments: _____



MHCP Respiratory Care Program Acknowledgement of Technology Requirements

To the Applicant: Review this form to indicate that you understand the technology requirements of the Respiratory Care Program. **Sign and return the form with the application by the May1st deadline.**

The Missouri Health Professions Consortium (MHPC) Associate of Applied Science Respiratory Care Program is a partially distance-based Allied Health Program which utilizes e-technologies to deliver a large portion of course content and as a means of communication with program students, faculty and staff. Through a combination of didactic coursework, classroom/laboratory practice, and clinical experiences, students will learn the profession of Respiratory Care. Aspects of all these learning environments will require familiarity with internet-based technologies. In addition to internet-based technologies, distance education technologies will also be readily utilized to convey course content and will primarily be broadcast originating from the ECC campus.

Offers of acceptance to the MHPC RSC Program are made as conditional offers. In addition, to the satisfactory completion of pre-requisite courses, a satisfactory background check, and a negative alcohol, drug, and/or controlled substance test, applicants are required to acknowledge the integral use of technology in the delivery of this program. Technologies include, but are not limited to internet, e-mail, Canvas, Zoom, online database searching, web-based lecture capture, internet streaming video review, document scanning, and other e-technologies as assigned as integral components of the MHPC Respiratory Care Program. While many of these technologies are accessible through any computer with access to the internet, students may be required to travel to the “home” campus to attain consistent, high-speed access compatible with viewing of content-specific materials. Students are also required to attend lab classes on campus delivered through in-person and Zoom format.

Students are NOT required to have a personally owned computer or home-based high-speed internet access as these materials and services are made readily available at all “home” campuses. However, current MHPC students report that personally owned laptop computers and access to high-speed internet connections in their homes lead to increased satisfaction and a more convenient and accessible virtual learning environment. Students will require access to a scanner in order to submit documents electronically as required. *The free Cam Scanner app is recommended for smart phones.*

I have read and understand the above technology requirements related to the MHPC Respiratory Care Program and hereby acknowledge that in order to successfully complete the program I will need to utilize said technologies for communication with program faculty and staff, access to course content, assignment submission, and dialogue with fellow classmates and colleagues in these virtual environments.

Student Name (printed legibly): _____

Student Signature: _____ **Date:** _____



MHPC Respiratory Care Program Online Student Learning Agreement

To the Applicant: Review this form to indicate that you understand the Online Student Learning Agreement for the Respiratory Care Program. **Sign and return the form with the application by the May 1st deadline.** Please ensure that you are able to meet the following requirements:

1. I have continuous access to a functional, capable computer and internet connection. I have the appropriate software required for my online courses.
2. I have access to a “broadband” or high-speed internet connection. I understand that having dial-up connection may seriously limit my ability to complete an online, or hybrid course. DSL, satellite, and cable are examples of broadband connections.
3. I understand the importance of reporting any technical issues to the course instructor as soon as possible.
4. I take responsibility for any activities I am assigned online. Instructors, at their discretion, may make exceptions due to technical issues. I understand the importance of backing up my work, saving my online work when possible, and copying my work to multiple locations when feasible.
5. I can send and receive emails and handle attachments, via download or upload.
6. I am proficient in the use of a word processing program and have keyboarding experience.
7. I have experience in downloading software or documents. I am comfortable accessing the Internet and using web browsers.
8. I am capable of downloading and installing the tools necessary to fully access my online classes.
9. I will be given access to Canvas through East Central College. I will be given a username and password before Fall classes begin.
10. I will not upload any copyrighted or illegal files to Canvas.
11. I will conduct myself appropriately in discussion forums, chats, email, or any other communication settings/tools used in the Canvas Learning Management System. I understand that inappropriate comments will not be tolerated and may result in dismissal from the program or other disciplinary actions as needed. As a general rule, anything that is not acceptable in the traditional classroom environment is similarly not acceptable in the online environment.
12. I understand that my activity on the Canvas Online Learning System is automatically logged and that instructors may at any time review my Canvas student activity logs to investigate allegations or suspicions of cheating or other violations of the Online Learning Student Agreement.

By signing this form, I have read and agreed to the above terms and conditions for Online Student Learning.

Signature: _____ **Date:** _____



MHCP Respiratory Care Program Technical Performance Standards

To the Applicant: Review this form to indicate that you understand the Technical Performance Standards for the Respiratory Care Program. **Sign and return the form with the application by the May 1st deadline.**

Student Responsibilities:

Registered Respiratory Therapists evaluate, treat, and care for patients with impaired lung and heart functions. Patients with breathing disorders and other cardiopulmonary disorders range in age from premature infants with undeveloped lungs to children/adults with asthma and older adults experiencing chronic lung and heart diseases such as emphysema, COPD, and congestive heart failure.

During a student's academic experience, he/she will be exposed to learning environments which are challenging and reflective of job demands typical of future practice as an RRT. A student's education will also include clinical experiences at varying facilities which will involve direct client contact and involvement with community professionals. Compliance and demonstration of performance skills related to physical as well as professional standards of practice are a requirement for successful completion of the MHPC Respiratory Care Program. Students are expected to follow professional standards set by the MHPC RSC Program and to conduct themselves in an ethical and responsible manner with other students, faculty, administrators, all program and college facilities, community professionals and clients, equipment, and supplies.

Standards for Successful Completion of the MHPC Respiratory Care Program:

These Technical Performance Standards should be used to assist each applicant and student to determine if they are otherwise qualified to be a Registered Respiratory Therapist. It is the policy of the Missouri Health Professions Consortium to provide reasonable accommodations for individuals with disabilities. If a student is in need of an accommodation due to a disability under the Americans with Disabilities Act, they may contact the MHPC Respiratory Care Program Office at 636-584-6616.

I acknowledge that I have received, read, and understand the Respiratory Care Technical Performance Standards. I realize that these Technical Performance Standards must be met for successful completion of the MHPC Respiratory Care Program. I further understand that completion of the MHPC RSC Program does not guarantee licensure by the National Board of Respiratory Care (NBRC) and the Missouri Board of Respiratory Care (MBRC).

Successful completion of the Respiratory Care Program DOES NOT guarantee eligibility to take the licensure examination. Since one of the functions of the Missouri State Board of Respiratory Care is to protect the public, the Board may refuse licensure to applicants who may jeopardize the well-being of Missouri citizens. The Missouri State Board of Respiratory Care may also refuse to grant the student permission to take the licensing exams or refuse to issue any certificate of registration of authority, permit, or license for the cause(s) outlined in Chapter 334.920 RSMO. Under section 324.012.7, RSMO, individuals may request a pre-licensure determination of their criminal record under the Fresh Start Act. The form can be found [here](#).

Student Name (printed): _____

Student Signature: _____ Date: _____