

WEBER STATE UNIVERSITY

B.S. Respiratory Therapy CHECKLIST FOR 2012-2013

— **WSU Ogden** - applications are due February 1st of every year. This program starts in the fall. Program is 4 semesters: First year or AAS program is TWO semesters, fall and spring, summer finish B.S. general education. The AAS in REST allows you to apply for the BS program. Second year or REST BS curriculum is two semesters, fall and spring (does not include general education, Diversity requirement or upper division electives). Theory follows a Monday thru Friday format and clinical/lab are scheduled on a Tuesday/Thursday format. (Subject to change).

— **WSU Davis** - applications are due August 1st 2014. **Selection is every other year.** This program starts spring semester. The AAS program is 3 semesters. The AAS in REST allows you to apply for the BS program. REST BS curriculum is two semesters (does not include general education, Diversity requirement or upper division electives). The WSU Continuing Education Department funds this program. Theory follows a Tuesday/Thursday format and clinical follows a Monday/Wednesday format (subject to change). A BS in respiratory therapy is required to be NBRC CRT/RRT eligible.

— **WSU Provo** - applications are due November 1st of every year. The AAS program is 2 semesters. The AAS in REST allows you to apply for the BS program. REST BS curriculum is two semesters (does not include general education, Diversity requirement or upper division electives). The WSU Continuing Education Department funds this program. Tuition schedule is per the WSU Continuing Education Department. Theory follows a Tuesday/Friday format and clinical may be scheduled all other days (subject to change). A BS in respiratory therapy is required to be NBRC CRT/RRT eligible.

APPLICATION PROCESS

— Be Admitted to WSU

- Submit WSU Application with \$30.00 fee to Admissions, 1137 University Circle, Ogden, Utah, 84408-1137
- Declare Respiratory Therapy Applicant as Major (on WSU Application)
- Send **official transcripts** to **WSU Admissions** from all colleges/universities attended

— Respiratory Therapy Application

- Mail application to DCHP Admissions Advising, 3907 University Circle, Ogden, Utah, 84408-3907
- Applications postmarked by or on application deadline will be accepted as on time
- Applications can also be given to DCHP Admissions Advising, Marriott Allied Health Science Bldg., room 108
- No faxes**

Include \$25.00 fee (**certified check or money order only**)

Personal Statement must be typed

Unofficial or official transcripts need to be included for all course work

To receive credit for a CNA certification, volunteer and/or paid health care experience, proof must be submitted with you application.

A 2.5 minimum GPA is required to enter the Program.

— Qualified applicants will be interviewed by a Selection Committee

You will be contacted regarding your interview time and date.

— Complete ALL pre-requisite courses with a "C" grade or better before starting the program.

| | |
|---|---|
| REST 1540 (1) REST 1560 (1), CNA or EMT MATH 1010 (3) ENGL 1010 (3) COMM HU1020 OR COMM HU2110 (3) PSY 1010 OR 2000 (3) HTHS 2230 (3) | <p><u>SCIENCE OPTION 1</u></p> HTHS 1110 (4) HTHS 1111 (4) |
| <p>OR</p> | |
| | <p><u>SCIENCE OPTION 2</u></p> CHEM 1010 (3) MICR 1113 (3) ZOOL 2100 (4)* ZOOL 2200 (4) |

*Recommended for 2012-13 applicants as it is a pre-requisite for HTHS 2230. ZOOL 2100 will be required for 2013-14 applicants.

**Approximate cost of Program
(Costs may change without notice)**

| | |
|----------------------------|---|
| Tuition and fees* | \$2400 per semester (in state tuition) |
| REST Books and modules ** | \$1700 (for AAS and BS.) |
| Self-Assessment exams | \$150(for AAS and BS year) |
| Scrubs | \$30-40 per year |
| AHA CPR | \$50 (American Heart Association Healthcare Provider) |
| WSU REST Nametag | \$10 |
| Stethoscope | \$80 |
| Background check | \$50 |
| Drug Screen | \$50 |
| AARC Dues | \$50 per year |
| USRC Conference(s) | \$100 per year (subject to change without notice) |
| Health Insurance or waiver | |
| Clinical Parking | \$10 per day |

*Provo tuition schedule is per WSU Continuing Education
**Does not include general education or Upper division electives textbook costs

PROGRAM COMPLETION REQUIREMENTS

- ___ Complete all required courses with "C" or better

- ___ Complete **A.A.S.** degree requirements upon completion of the A.A.S. Program. Apply for A.A.S. degree in Respiratory Therapy through the Graduation Office

- ___ Complete **B.S.** degree requirements upon completion of BS Program. Apply for B.S. degree in Respiratory Therapy through the Graduation Office. B.S. in REST is required to sit for NBRC Respiratory Therapy Board Exams (CRT/RRT). The REST BS is accredited by CoARC.

(A.A.S. and B.S. degree requirements can be found at www.weber.edu/catalog)

Weber State University Respiratory Therapy Program Application 2012-2013

ATTENTION: All applicants must submit a **\$25.00** non-refundable application fee with **each application**. (Certified check or Money Order only, **NO CASH!** Make payable to WSU, *separate check from WSU Application Fee.*)

NOTE: PLEASE TYPE OR PRINT CLEARLY WHEN COMPLETING THIS FORM. A COMPLETE SEPEARATE APPLICATION IS REQUIRED FOR EACH SITE APPLIED TO. This application and all accompanying documents must be received by the WSU Health Professions Admissions and Advisement Office on or before:

WSU Ogden: February 1st (every year)
 WSU Davis: August 1st, **2014**
 WSU Provo: November 1st (every year)

Please mail applications to:
 DCHP Admission & Advisement
 3907 University Circle
 Ogden, Utah 84408-3907

1. Name in Full: _____
Last First M.I.

2. WSU Student ID#: W _____

3. Local Address: _____

Wildcat Email: _____

4. Permanent Address: _____

5. Phone Number (local): _____ Permanent: (_____) _____

6. Date of first semester attending WSU _____

7. List all colleges/universities attended including Weber State University.

| Name of Institution | City and State | Dates Attended | Diploma or Degree Received |
|---------------------|----------------|----------------|----------------------------|
| | | | |
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8. Please list any health care experience (paid or volunteer) of greater than 100 hours. Proper verification documentation **MUST** be provided for consideration.

| Enter 'P' for Paid, 'V' for Volunteer | Facility | City and State | Position Held, Responsibilities | Hours in Position |
|---------------------------------------|----------|----------------|---------------------------------|-------------------|
| | | | | |
| | | | | |
| | | | | |

9. Please list all health related training (Current American Heart Association Healthcare Provider CPR - required, First Aid, etc.) you have received.

| Training | Date(s) | Certificate Rec'd |
|----------|---------|-------------------|
| | | |
| | | |
| | | |

10. Please list your employment history (healthcare related or non-healthcare related) starting with the most recent. Please indicate whether we can contact the supervisor as a reference.

| Employer | Job Description | Dates | Supervisors Name and Phone # | Contact? | |
|----------|-----------------|-------|------------------------------|----------|----|
| | | | | Yes | No |
| | | | | | |
| | | | | | |
| | | | | | |

11. **Please attach a current unofficial copy of any and all transcript(s). Highlight** all prerequisite classes completed on your **transcripts** and list below. For classes not completed, please include expected completion date in the "Date of Completion" column. **YOU MUST STATE A PLAN.**

| Course | Grade | College/Institution | Date of Completion |
|---------------------------------------|-------|---------------------|--------------------|
| REST 1540 (1) | | | |
| REST 1560 (1) or CNA or EMT | | | |
| HTHS 2230 (3) | | | |
| MATH 1010 (3) | | | |
| ENGL 1010 (3) | | | |
| COMM 2110 (3) or COMM 1020 (3) | | | |
| PSY SS 1010 (3) or PSY SS 2000 (3) | | | |
| SCIENCES | | | |
| HTHS 1110 (4) | | | |
| HTHS 1111 (4) | | | |
| OR | | | |
| HUMAN ANATOMY ZOOL 2100 (4)* | | | |
| HUMAN PHYSIOLOGY ZOOL 2200 (4) | | | |
| MICROBIOLOGY MICR 1113 (3) | | | |
| CHEMISTRY CHEM 1010 (3) | | | |

*Recommended for 2012-13 applicants as it is a pre-requisite for HTHS 2230. ZOOL 2100 will be required for 2013-14 applicants.

12. Have you ever before applied to the Respiratory Therapy Program?

No Yes Year applied _____ Location _____

Current Overall GPA _____

13. On a separate sheet of paper(s), please enclose a typed personal statement which tells us about you as an individual, which we cannot see in transcripts and job summaries. This statement should be approximately two typed pages, double-spaced. The statement might include the following:

1. One accomplishment that has brought you the most satisfaction
2. Why you have selected Respiratory Therapy as a career
3. Your goals upon completing the program

Please complete the following information:

14. I do hereby certify that the statements in this application are true and complete to the best of my knowledge.

If you have a record of convicted criminal actions it may affect your eligibility for admissions to the WSU respiratory therapy program. Additionally all applicants will be required to complete a mandatory drug screening. Admission to the program is contingent upon submission of a satisfactory background check and a negative drug screen.

If a background check reveals a history of convicted criminal actions or the drug screen reveals the presence of a non-prescribed controlled substance, then I realize that I may be expelled from the program and will not be entitled to any refunds of tuition dollars or other fees.

Signature: _____ Date: _____

Checklist to submit your application and materials listed below by APPLICATION DEADLINE (all in one packet to):

DCHP Admissions and Advising
3907 University Circle
Ogden UT 84408-3907

Non-refundable application fee (\$25.00) payable to WSU

Personal Statement

Unofficial or official transcripts need to be included for all course work

Any other documents requested within the application (CNA, volunteer/paid experience, etc.)

All materials must be postmarked by application deadline to be accepted

Affirmative Action Information

To enable the Respiratory Therapy Program to make required, affirmative action reports to various agencies, applicants are asked to provide the following information. Your response is **optional**; your decision not to provide this information will not penalize or enhance your application.

Male Female Veteran

Ethnic Origin: White (not of Hispanic Origin)

Black (not of Hispanic Origin)

Mexican American Puerto Rican

Other Hispanic

American Indian or Alaskan Native

Asian or Pacific Islander

Date of Birth: ____/____/____
 Month Day Year