

Bachelor of Science in Respiratory Care (BSRC)

Application Instructions

Applicant name: _____ **A#** _____

- ☐ Applicant is a current TXST student at the time of application.
- ☐ Complete BSRC Application and responded to all questions. Do not leave any answers blank, mark with N/A if not applicable.
- ☐ Overall minimum GPA of 2.50 required to apply.
- ☐ Core and Respiratory Care pre-requisite courses must be complete, transferred and accepted by TXST by May 31st for Priority Applications and by August 10th for General Applications. Please attach a note for any course(s) not complete at the time of application, with an estimated completion date and the college being taken at.
- ☐ Provide a written statement explaining: Why you want to pursue a career in Respiratory Care? *(Please make sure you full name and A# on all pages)*
- ☐ Read the ADA Standards Statement. Print your name, sign, and date as your acknowledgement.
- ☐ Record and save in MP4 formatted short video explaining: Why you chose the BSRC program at TX State University to achieve this career goal?

Priority Applications open November 1st and must be received by December 15th. Notifications for Priority Applications will be sent the first FULL week of February.

General Applications will open November 1st and must be received by May 15th or until the class is filled with high-quality candidates. Notifications for applications received by May 15th will be sent out the second FULL week of June. All applications received after May 15th will be considered until the class is filled with high-quality candidates.

Submit your completed applications with all above requirements by the secure file link on the BSRC website or you may hand deliver or mail your application with all the above requirements to:

Texas State University
ATTN: BSRC Admissions Committee
200 Bobcat Way
Willow Hall 214
Round Rock, TX 78665

Applicants accepted to the BSRC Program will be required to complete a criminal background check with drug screening, provide proof of immunizations & general health, and are strongly encouraged to have personal health insurance coverage.

Bachelor of Science in Respiratory Care (BSRC)

Pre-requisite check-off

Applicant name: _____ **A#** _____

Complete with the grade received and on your degree audit. If pending or needed, attach a note with estimated completion date and college where taking.

CORE Education

_____	US 1100	University Seminar
_____	ENG 1310	College Writing I
_____	ENG 1320	College Writing II
_____	ENG LIT 3 hours	ENG 2310, 2320, 2330, 2340, 2359, 2360
_____	COMM 1310	Fundamentals of Human Communication
_____	POSI 2310	Principles of American Government
_____	POSI 2320	Functions of American Government
_____	HIST 1310	History of US to 1877
_____	HIST 1320	History of US 1877 to Date
_____	PHIL 1305 or PHIL 1320	Philosophy
_____	FINE ARTS 3 hours	ART, DAN, MU, or TH
_____	Foreign Language (two years same language in HS or two semesters same language in college)	

RC Support Courses

_____	RC 2213	Introduction to Respiratory Care (Elective @ TXST)
_____	HIM 2360	Medical Terminology
_____	STATS 3 hours	HP 3325, SOC 3307, PSY 3301, CJ 3347, MATH 2328
_____	BIO 1330	Functional Biology (Pre-req to BIO 2440)
_____	BIO 2430	Human Physiology & Anatomy
_____	BIO 2440 or BIO 2400	Microbiology

RC Required Courses

_____	MATH 1315	College Algebra
_____	CHEM 1341	General Chemistry I
_____	PHYS 1310	Elementary Physics
_____	PSY 1300 or SOCI 1310	Social/Behavior Science (3 hours)

Application for Texas State University Bachelor of Science in Respiratory Care (BSRC)

PERSONAL INFORMATION

Full Legal Name: _____

Social Security Number: _____ - _____ - _____ TXST A# _____ TXST Net ID: _____

CURRENT Mailing Address: _____
Street address

PERSONAL email address: _____

City _____ State _____ Zip code _____
Cell phone No: (____) _____ Alternate phone No: (____) _____ Date of Birth: ____/____/____

Biological Gender: ☐ Male ☐ Female

Ethnic Origin (optional): ☐ White ☐ African American ☐ Hispanic ☐ Asian ☐ International ☐ Other

PERMANENT Address: _____
Street address

Permanent Phone: (____) _____
City _____ State _____ Zip code _____

EDUCATIONAL INFORMATION

Please list each high school and college/university attended or will attend prior to enrolling at Texas State. You may attach another sheet if necessary.

Name of School	City, State	Dates of Attendance	Diploma/Degree/ Credit Hours	GPA

Veteran Status: Are you a veteran? Y/N If yes, what Military Branch? _____

1. Have you previously applied for admission to TXST BSRC Program?
If yes, when? _____
2. How did you learn about the TXST BSRC Program? _____
3. Were you ever required to leave high school, college, graduate, professional school OR denied readmission due to deficiencies of conduct or scholarship? Y/N If yes, attach a written explanation.
4. Do you hold a credential/license in a healthcare profession? Y/N List: _____
5. Have you ever worked in Respiratory Care? Y/N If yes, Where and When? _____
6. How would you rate your general health? _____

For Clinical Assignment purposes only

1. Do you have a car? Y/N
2. Where do you plan to reside, if accepted to the TXST BSRC Program? _____

Health & Immunization Information

Each student admitted to the Respiratory Care Program is required to have a Health report completed by a Licensed Health Care Provider. The report will indicate completion of a physical exam and immunizations for poliomyelitis, measles, mumps, rubella, tetanus, diphtheria, pertussis, TB test or check X-ray or blood titer, varicella, Hepatitis B, annual flu vaccine and any other deemed necessary by the clinical location. Documentation is the responsibility of the student, and a copy of the Health Report must be kept on file in the department.

CRIMINAL BACKGROUND CHECK/DRUG SCREENING/PROOF OF IMMUNIZATIONS: Background checks, drug screening, and proof of immunizations are required following initial acceptance into the program. Applicants must successfully clear each of these three requirements to be fully accepted into the program. Applicants who fail to clear each of these three requirements will not be accepted into the program.

Based on the Respiratory Care Practitioners Act for the State of Texas (Occupations Code, Title 3, Subtitle K, Chapter 604), the Respiratory Care Practitioner (RCP) license is required to practice respiratory therapy in the State of Texas under the purview of the Texas Medical Board (TMB.) An applicant applying for the RCP license can be denied if convicted of any misdemeanor and/or felony offense defined as a crime by the statute of common law; or has been convicted of a misdemeanor or felony offense under various titles of the Texas Penal Code. Misdemeanor or felony convictions under various titles of the Texas Penal Code may affect eligibility for state respiratory care practitioners license status following graduation and/or admission consideration to the BSRC program. All applications reviewed to meet required criteria and specific background circumstances are reviewed on an individual basis. Have you been previously convicted of a misdemeanor or felony offense?
Y/N ***If yes, attach a written explanation***

Texas State University is not required to admit to the program an applicant with a flagged background check who has been given tentative clearance for a license by the Texas Medical Board. Applicants should be aware that such clearance by the TMB does not guarantee an applicant's employability.

MEDICAL HEALTHCARE INSURANCE COVERAGE is highly recommended for all students admitted to the BSRC program, but not required.

PROOF OF COMPLETION OF AN AMERICAN HEART ASSOCIATION (AHA) COURSE IN BASIC LIFE SUPPORT (BLS) FOR HEALTHCARE PROVIDERS WILL BE REQUIRED for all students admitted to the BSRC program.

Finally, applicants should be aware that the University does not control the individual requirements of hospital systems for clinical rotations and employment and that such requirements might directly impact an applicant's ability to complete their clinical education, obtain future employment, or obtain appropriate licensure.

I understand that the Respiratory Care Program Admissions Committee cannot make any decision regarding my application until this application, transcripts for all courses, and other supporting material have been received. If I have pre-requisite courses in progress, I understand that if I am accepted into the program that the acceptance is conditional upon satisfactory completion of these courses by the end of the summer session prior to fall admission to the Program. Transcripts showing additional work after acceptance must also be submitted.

I certify that the information in this application is complete and correct and understand that the submission of false information is grounds for rejection of my application, withdrawal of any offer of acceptance, cancellation of enrollment, or appropriate disciplinary action.

Notice for Request of Social Security Number for Student Application Process

Disclosure of your Social Security number is requested for the student records system of Texas State University and for compliance with federal and state reporting requirements. Federal law requires that you provide your SSN if you are applying for financial aid. Although a SSN is not required for admission to the university, failure to provide your SSN may result in delays in processing your application or in the university's inability to match your application with transcripts, test scores, and other materials. Student SSNs are maintained and used by the university for financial aid, internal verification, and administrative purposes, and for reports to federal and state agencies as required by law. The privacy and confidentiality of student records is protected by law and the university will not disclose your SSN without your consent for any other purposes except as allowed by law. With few exceptions, the individual is entitled on request to be informed about the information that the institution collects about the individual; to receive and review the information; and to have the institution correct information about the individual that is incorrect.

Signature of Applicant

Date

Application forms and accompanying documents (including transcripts) become the property of Texas State. Materials will not be returned or copied for applicants. If there are circumstances which may have an influence on your admission, which you would like for those reviewing your application to know about, please describe on a separate sheet and attach.

Form edited: 12/2023

The Respiratory Care Profession & ADA Standards

ADA Standards Americans with Disabilities Act In keeping with its mission and goals, and in compliance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act, the Department of Respiratory Care in the College of Health Professions at Texas State University promotes an environment of respect and support for persons with disabilities and will make reasonable accommodations. The definition of individuals with disabilities are those who currently have, have a record of having, or are regarded as having a physical or mental impairment that substantially limits one or more major life activity. Major life activities include caring for oneself, performing manual tasks, walking, seeing, hearing, breathing, and working. A major life activity also includes the operation of a major bodily function, including but not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

Individuals applying for admission, progression to clinical courses, and graduation from a program in Respiratory Care must be able to meet the physical and emotional requirements of the academic program. In addition, students admitted to the Respiratory Care Program must possess the following qualities:

Please initial each quality as acknowledgement.

☐

The emotional maturity and stability to approach highly stressful human situations in a calm and rational manner.

☐

The ability to make clinical judgments using critical thinking.

☐

The ability to adhere to ethical standards of conduct as well as applicable state and federal laws.

☐

The ability to provide effective written, oral, and nonverbal communication with patients and their families, colleagues, healthcare providers, and the public.

☐

The ability to successfully complete all requirements needed to receive ACLS certification as defined by the American Heart Association.

☐

The ability to touch through physical contact patients of all ages, gender, and conditions in a caring, professional manner in order to administer the appropriate diagnosis and therapeutics.

An individual who poses a direct threat to the health or safety of others or themselves may be denied admission, progression, or graduation. The RC Department's determination that a person poses a direct threat will be based on an individualized assessment that relies on current medical evidence or on the best available evidence to assess the nature, duration, and severity of the risk and the probability that the potential injury will actually occur. In order to fulfill the requirements of the BSRC program at Texas State, students must be able to meet the physical demands associated with the profession. Examples of these requirements include but are not limited to the following:

Code: F = frequently O = Occasionally NP = Not Present

<u>Physical Demands</u>	<u>CODE</u>
Standing	F
Walking	F
Sitting	F
Lifting (up to 125 pounds) Carrying	O
Pushing	O
Pulling	O
Stooping	F
Kneeling	F
Reaching	F
Fingering	F
Talking	F
Hearing	F
Seeing	F
Communicating	F
Touching through physical contact with patient	F

For specific Performance Standards associated with the Respiratory Therapist Program, please contact the RC Department Chair. Because of the unique responsibilities involved in all healthcare professions, the program reserves the right to require that the student who appears to be unsuited for the RC program withdraw from the program and be guided into another course of study in the university. [SEP]

I have read the above usual and customary physical requirements for the Respiratory Care Profession and ADA Standards, and I understand and am willing to comply with the physical demands of the profession.

Printed Name

Date

Signature