RESPIRATORY CARE

GATEWAYCC.EDU/RESPIRATORY-CARE
Dear Prospective Student:

Thank you for your interest in obtaining a degree in Respiratory Care at Gateway Community College! Respiratory Therapists care for some of the most critical patients in the hospital that fall into all age groups. They manage and treat a variety of pulmonary ailments while working alongside the physician as well as all others on the medical care team. By the time our students graduate, they are able to administer respiratory medications and run the most state-of-the-art equipment used in medical facilities around the country.

Our program is fully accredited and a total of four semesters long. Prior to submitting your application into the Respiratory Program, two semesters of prerequisite coursework is required. Specific information related to program admission and operation can be found in this packet. Upon completion of the program our students are awarded an Associates of Applied Science degree. We begin new classes each fall and spring semester by accepting 20 to 25 students at a time, with a two spot guarantee for veteran students per semester and five spots to support the GateWay Community College/HonorHealth collaboration.

If you have questions or are ready to submit your application for admission into the program, please contact a Health Sciences Academic Advisor at 602-286-8200.

Thank you again for considering our program!

Sincerely,

Tracey Schartz

Tracey Schartz M.ED., RRT, VA-BC
Program Director, Respiratory Care
Tracey.Schartz@gatewaycc.edu
602-286-8523
# Table of Contents

Table of Contents .......................................................................................................................... 4
Career Description ............................................................................................................................. 5
Degree Requirements – Respiratory Care Program ........................................................................ 5
  Placement Testing ............................................................................................................................ 5
  Admission criteria .......................................................................................................................... 5
  Program Prerequisites ..................................................................................................................... 5
  Program Prerequisites – Respiratory Care (by semester – subject to change) .............................. 6
  Program of Study – Respiratory Care (by semester – subject to change) .................................. 6
Estimated Program Costs ................................................................................................................ 8
Immunizations, Testing, and Background Requirements ................................................................. 9
Frequently Asked Questions ........................................................................................................... 9
Accreditations ................................................................................................................................. 10
Confidentiality Statement............................................................................................................... 10
Policies, Rules, Requirements, and Regulations Compliance ....................................................... 10
EEO Statement ............................................................................................................................... 10
College Communication ................................................................................................................. 11
Contact Information ...................................................................................................................... 11
Student Services ............................................................................................................................. 11
Admission: Respiratory Care Program .......................................................................................... 12
Admission Application for Respiratory Care Program ................................................................. 13
Waiver of Licensure/Certification Disclaimer .............................................................................. 15
Respiratory Care – Admission Application Checklist/Advisor Review .......................................... 16
MCCCD Summary of Criminal Background Check Requirements ............................................... 19
MCCCD Acknowledgement of Criminal Background Check Requirements ............................... 20
CAREER DESCRIPTION

Respiratory care involves the assessment, evaluation, treatment and care of people with lung and breathing problems. Diagnoses of respiratory care patients include asthma, heart conditions and chest trauma.

Registered Respiratory Therapists provide medications, treatments and therapy, in order to improve a patient’s lung functionality. Job responsibilities involve:

- operating sophisticated medical equipment
- gaining classroom and lab experience
- developing clinical knowledge and experience
- showing sensitivity to the physical and psychological needs of patients

The majority of Registered Respiratory Therapists work at hospitals, but employment also is in doctor’s offices, emergency departments, trauma, critical care, surgery, pediatrics, neonatology, home care, and nursing homes.

DEGREE REQUIREMENTS – RESPIRATORY CARE PROGRAM

PLACEMENT TESTING

Placement test is designed to identify your skill levels in English language usage, reading and mathematics. Assessment tests are scheduled at a variety of times in GateWay’s Testing Center and are free of charge. Please contact GateWay’s Testing Center or visit the website to get updated requirements and hours of operation.

ADMISSION CRITERIA

1. Formal admission to the program is required.
2. Background check requirements: Admission to an Allied Health program requires that students be in compliance with the Maricopa County Community College District Background Check Standards. Upon conditional program enrollment, the student must comply with all requirements of the MCCCD Background Check Policy.
3. Clinical health and safety requirements must be met. Upon conditional program enrollment, the student must comply with all requirements of the MCCCD Clinical Health and Safety Policy.
4. Inability to comply with background check requirements and/or clinical health and safety requirements at the start of classes may result in cancellation of enrollment.

PROGRAM PREREQUISITES

Students are eligible to apply to the Respiratory Care program once they have completed all prerequisite courses or are in the last semester of prerequisite course work. The following are prerequisites for admission into the Respiratory Care Program. A student with an Associate of Arts Degree or higher in a healthcare field may not be required to complete all prerequisites. Please refer to the college catalog and/or a Health Science academic advisor for further information. Program Prerequisite courses must be completed prior to the start of the program of study.
### PROGRAM PREREQUISITES – RESPIRATORY CARE (by semester – subject to change)

#### Semester 1

<table>
<thead>
<tr>
<th>Course No.</th>
<th>Course Title</th>
<th>Credits:</th>
</tr>
</thead>
<tbody>
<tr>
<td>+ ENG101</td>
<td>First-Year Composition (3) OR</td>
<td></td>
</tr>
<tr>
<td>+ ENG107</td>
<td>First-Year Composition for ESL (3)</td>
<td>3</td>
</tr>
<tr>
<td>+ MAT120</td>
<td>Intermediate Algebra (5) OR</td>
<td></td>
</tr>
<tr>
<td>+ MAT121</td>
<td>Intermediate Algebra (4) OR</td>
<td></td>
</tr>
<tr>
<td>+ MAT122</td>
<td>Intermediate Algebra (3) OR</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Equivalent course OR Satisfactory completion of higher-level algebra course</td>
<td>3 - 5</td>
</tr>
<tr>
<td></td>
<td>(Note: Students considering university transfer should take: MAT150 College Algebra/Functions 5)</td>
<td></td>
</tr>
<tr>
<td>HCC/RES109</td>
<td>CPR for Health Care Provider (0.5) OR</td>
<td></td>
</tr>
<tr>
<td></td>
<td>American Heart Association Health Care Provider CPR certification</td>
<td>0 - 0.5</td>
</tr>
<tr>
<td>BIO160</td>
<td>Introduction to Human Anatomy and Physiology (4) OR</td>
<td>0</td>
</tr>
<tr>
<td>+ BIO201</td>
<td>Human Anatomy and Physiology I (4) AND</td>
<td>4</td>
</tr>
</tbody>
</table>

#### Semester 2

<table>
<thead>
<tr>
<th>Course No.</th>
<th>Course Title</th>
<th>Credits:</th>
</tr>
</thead>
<tbody>
<tr>
<td>+ BIO202</td>
<td>Human Anatomy and Physiology II (4)</td>
<td>0 - 4</td>
</tr>
<tr>
<td></td>
<td>The student must take BIO202 with BIO201 to complete Biology prerequisite requirement.</td>
<td></td>
</tr>
<tr>
<td>+ CHM130</td>
<td>Fundamental Chemistry 3</td>
<td>3</td>
</tr>
<tr>
<td>+ CHM130LL</td>
<td>Fundamental Chemistry Laboratory 1</td>
<td>1</td>
</tr>
<tr>
<td>+ CRE101</td>
<td>College Critical Reading and Critical Thinking (3) OR</td>
<td>0 - 3</td>
</tr>
<tr>
<td></td>
<td>Equivalent as indicated by assessment</td>
<td></td>
</tr>
</tbody>
</table>

### PROGRAM OF STUDY – RESPIRATORY CARE (by semester – subject to change)

#### Semester 3

<table>
<thead>
<tr>
<th>Course No.</th>
<th>Course Title</th>
<th>Credits:</th>
</tr>
</thead>
<tbody>
<tr>
<td>+ ENG102</td>
<td>First-Year Composition (3) OR</td>
<td></td>
</tr>
<tr>
<td>+ ENG108</td>
<td>First-Year Composition for ESL (3)</td>
<td>3</td>
</tr>
<tr>
<td>+ RES118</td>
<td>Vascular Access in Respiratory Care Practice</td>
<td>0.5</td>
</tr>
<tr>
<td>+ RES130</td>
<td>Respiratory Care Fundamentals I</td>
<td>5</td>
</tr>
<tr>
<td>+ RES131</td>
<td>Infection Control for Respiratory Care</td>
<td>1</td>
</tr>
<tr>
<td>+ RES133</td>
<td>Respiratory Care Clinical Seminar</td>
<td>3</td>
</tr>
<tr>
<td>+ RES134</td>
<td>Respiratory Care Pharmacology I</td>
<td>2</td>
</tr>
<tr>
<td>+ RES136</td>
<td>Applied Biophysics for Respiratory Care</td>
<td>3</td>
</tr>
<tr>
<td>Semester 4</td>
<td>Course No.</td>
<td>Course Title</td>
</tr>
<tr>
<td>------------</td>
<td>------------</td>
<td>--------------------------------------</td>
</tr>
<tr>
<td>+ RES140</td>
<td>Respiratory Care Fundamentals II</td>
<td>5</td>
</tr>
<tr>
<td>+ RES142</td>
<td>Respiratory Care Clinical I</td>
<td>4</td>
</tr>
<tr>
<td>+ RES144</td>
<td>Introduction to Mechanical Ventilation</td>
<td>1</td>
</tr>
<tr>
<td>+ RES224</td>
<td>Pathophysiology for Respiratory Care</td>
<td>2</td>
</tr>
<tr>
<td>+ RES240</td>
<td>Respiratory Physiology</td>
<td>3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Semester 5 - Summer</th>
<th>Course No.</th>
<th>Course Title</th>
<th>Credits:</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSY101</td>
<td>Introduction to Psychology</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>COM100</td>
<td>Introduction to Human Communication (3) OR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>COM110</td>
<td>Interpersonal Communication (3) OR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>COM230</td>
<td>Small Group Communication (3)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Any approved general education course in the Humanities, Arts and Design area.</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Semester 6</th>
<th>Course No.</th>
<th>Course Title</th>
<th>Credits:</th>
</tr>
</thead>
<tbody>
<tr>
<td>+ RES220</td>
<td>Respiratory Care Fundamentals III</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>+ RES226</td>
<td>Respiratory Care Clinical II</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>+ RES235</td>
<td>Respiratory Care Pharmacology II</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>+ RES270</td>
<td>Neonatal and Pediatric Respiratory Care</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Semester 7</th>
<th>Course No.</th>
<th>Course Title</th>
<th>Credits:</th>
</tr>
</thead>
<tbody>
<tr>
<td>HES100</td>
<td>Healthful Living</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>+ RES230</td>
<td>Respiratory Care Fundamentals IV</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>+ RES232</td>
<td>Respiratory Care Clinical III</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>+ RES280</td>
<td>Respiratory Care Review</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>+ RES291</td>
<td>Respiratory Care Advanced Life Support</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>+ RES292</td>
<td>Respiratory Care Pediatric Advanced Life Support</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>+ RES297</td>
<td>Respiratory Care Seminar</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

Students interested in transferring to Arizona public state universities can satisfy the relevant Arizona General Education Curriculum (AGEC-A) and transfer requirements by completing the following courses:
1. A single course with the Humanities, Arts and Design [HU] general studies designation meeting the Awareness Area [C], [G], and/or [H]. See the AGEC Matrix for course designations.
2. MAT150 College Algebra/Functions or higher.
3. If student tests out of CRE101, a single course with the [L] general studies designation. See the AGEC Matrix for course designations.
4. A single course with the Computer/Statistics/Quantitative Applications [CS]. See the AGEC Matrix for course designations.
+ Indicates course has prerequisite and/or corequisite
**Estimated Program Costs**

The estimated cost for the program is outlined below. The student is responsible for providing transportation, housing, and uniforms. In the last semester, the student will be responsible for costs of his/her national board exam and state licensing.

<table>
<thead>
<tr>
<th>AAS Degree Program</th>
<th>Tuition*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition* (82.5 - 100 credit hrs @ $85 a credit hr)</td>
<td>$7,013 – 8,500</td>
</tr>
<tr>
<td>Registration fees ($15 per semester) (Estimate)</td>
<td>$105</td>
</tr>
<tr>
<td>Course / Lab Fees (Estimate)</td>
<td>$1,120</td>
</tr>
<tr>
<td>Equipment / Supplies (Estimate)</td>
<td>$60</td>
</tr>
<tr>
<td>Books (Estimate)</td>
<td>$800</td>
</tr>
<tr>
<td>Other Program Costs: Pre-Clinical Requirements, etc.</td>
<td>$160 – 500</td>
</tr>
</tbody>
</table>

**Total Estimated Costs** $9,258 – 11,085

**Additional Costs After Program Completion/Graduation**

<table>
<thead>
<tr>
<th>Cost Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arizona State License</td>
<td>$270</td>
</tr>
<tr>
<td>NBRC Therapist Multiple Choice Examination</td>
<td>$190</td>
</tr>
<tr>
<td>NBRC Clinical Simulation Examination</td>
<td>$200</td>
</tr>
</tbody>
</table>

**Total for Exams** $660.00

* Out-of-County residents pay $401* / Out-of-State residents pay $326** a credit hr

---

* Rates are set according to Arizona Revised Statute. Applies only to counties with no community colleges.

** According to Arizona Revised Statute, 15-1802 F, ”A person who is a member of an Indian tribe recognized by the US Department of the Interior whose reservation land lies in this state and extends into another state and who is a resident of the reservation is entitled to classification as an in-state student.” Therefore, unclassified and out of state surcharges do not apply to such students.

Students must also plan on the expense of driving to clinical locations across the metropolitan Phoenix and outlying areas. Several clinical affiliates are not on bus routes so one’s own private transportation vehicle is necessary.

1 Tuition and fees are set by the Maricopa Community College Governing Board and approved by the State Board of Directors for Community Colleges; all fees are subject to change. Tuition is higher for non-county residents; visit www.gatewaycc.edu for more information.

2 Other Program Costs may be less or more than listed based on a student’s individual health record in respect to being in compliance with the immunization and safety requirements for the clinical experience.

---

**IMPORTANT** –Tuition is charged per academic credit hour, according to your residency classification or status. Fees may vary, and will be assessed at the time of registration. For more information please visit https://www.maricopa.edu/become-a-student/tuition-paying/tuition-cost-chart
IMMUNIZATIONS, TESTING, AND BACKGROUND REQUIREMENTS

HEALTH AND SAFETY
Please visit the following link for more information:
https://www.maricopa.edu/degrees-certificates/healthcare-education/allied-health

PRE-CLINICAL DRUG SCREENING
All allied health students are required to submit to a random pre-clinical urine drug screen according to policy of the specific Allied Health Program. The cost for tests will be the responsibility of the student. The urine drug screen will test for alcoholic beverages; illegal drugs, or drugs that may impair judgment while in the clinical agency. If the drug test is positive for the illegal drugs or undocumented prescription drugs, the student will not be able to continue in the program. MCCCD policy regarding medical marijuana: "Medical marijuana, or its metabolite, is not an accepted substance in urine drug screens and will result in a positive urine drug screen. Students with a prescription for medical marijuana would not be considered exempt from urine drug screening". Readmission is at the discretion of the college and the program. Some clinical sites also require screening for nicotine. Students who test positive for nicotine are allowed to continue in the program, but may be limited to clinical agencies that do not test for nicotine.

FREQUENTLY ASKED QUESTIONS

What happens when I am accepted into the program?
All applicants accepted into the program will be notified by Maricopa student e-mail only. The program officially begins the first week of the fall and spring semesters each year. Information regarding registration and orientation session will be sent to the admitted applicants along with the admittance email.

Admitted applicants are expected to return the formal email notification indicating their intent to attend the program. IF THE ACKNOWLEDGEMENT IS NOT RETURNED BY THE DATE SPECIFIED, THE APPLICANT’S POSITION IN THE PROGRAM WILL BE FORFEITED.

What can I expect if I am accepted into the program?
The curriculum is offered as an intensive full-time day program over a 20-24 month period. Lecture, laboratory, and clinical classes are held Monday through Friday between 6:00 a.m. and 6:30 p.m. For students who work while attending the program, it is recommended that work hours be reduced due to the time required for study and class preparation.

Student clinical rotations are designed to provide exposure to a variety of clinical experiences in the hospital setting. Students must provide their own transportation to clinical rotation sites. Students will be required to complete 12-hour clinical rotations twice a week beginning in the second semester of the program.

What credentials are required to work as a Respiratory Therapist?
Graduates of an accredited associate degree program who pass the written registry exam, and clinical simulation exams given by the National Board for Respiratory Care (NBRC) earn the RRT credential for Registered Respiratory Therapist. Graduates of the GateWay Community College Respiratory Care Program receive an Associate’s Degree and are eligible to sit for all NBRC examinations. In addition, a state license to practice must be obtained.

What opportunities exist for career advancement after graduation?
With continued education and/or additional on-the-job training, the Respiratory Care Practitioner can advance to specialty practice in areas such as pediatrics, neonates and adult critical care; diagnostic testing specialties such as pulmonary function, sleep studies and hemodynamic; cardiopulmonary perfusion; research; education; and management. In addition, Respiratory Care graduates may further advance their careers through GateWay Community College’s Ultrasound and Nuclear Medicine programs or complete a Bachelor of Science in Respiratory Care by distance learning through Northern Arizona University (www.nau.edu/distance).
ACCREDITATIONS
GateWay Community College is a Maricopa Community College, accredited by the Higher Learning Commission (hlcommission.org), a regional accreditation agency recognized by the U.S. Department of Education. For the latest information on programs, graduation rates and consumer information, visit gatewaycc.edu. The respiratory care program is accredited by the Commission on Accreditation for Respiratory Care. For the latest information regarding programmatic accreditation visit coarc.com and the address is listed below.

Its courses are approved by the Social Security Administration for Veterans’ training. This school is authorized under federal law to enroll nonimmigrant alien students.

The GateWay Community College Respiratory Care Program is accredited by:
Commission on Accreditation for Respiratory Care (CoARC)
264 Precision BlvdTelford, TN 37690 USA, (817) 283-2835.

CONFIDENTIALITY STATEMENT
Students enrolled in program pathways of Health Core Education will have learning experiences in health care settings where they will have access to confidential information. Prior to beginning any clinical studies, the students will be asked to sign agreements to adhere to the requirements of those clinical sites and applicable law, including the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

POLICIES, RULES, REQUIREMENTS, AND REGULATIONS COMPLIANCE

- Policies, courses, programs, fees, and requirements may be suspended, deleted, restricted, supplemented, or changed through action of the Governing Board of the Maricopa Community Colleges.
- The Maricopa Community Colleges Governing Board reserves the right to change, without notice, any materials, information, curriculum, requirements, and regulations.
- Admission or graduation from any Allied Health program at GateWay Community College does not guarantee the student’s professional certification, licensure, or employability. The student must comply with legal requirements of the profession. This may include provisions from Arizona Revised Statutes 41-1758.03 (sections B and C) regarding the denial of a fingerprint clearance card or being listed on the US government’s Office of Inspector General’s Exclusion List.
- Up to date Program material can be found online at https://www.gatewaycc.edu/respiratory-care

EEO STATEMENT

- The Maricopa County Community College District (MCCCD) is an EEO/AA institution and an equal opportunity employer of protected veterans and individuals with disabilities. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, age, or national origin. A lack of English language skills will not be a barrier to admission and participation in the career and technical education programs of the District.
- The Maricopa County Community College District does not discriminate on the basis of race, color, national origin, sex, disability or age in its programs or activities. For Title IX/504 concerns, call the following number to reach the appointed coordinator: (480) 731-8499. For additional information, as well as a listing of all coordinators within the Maricopa College system, http://www.maricopa.edu/non-discrimination
The following information is very important so you do not miss any notices:

We communicate with students strictly through your Maricopa College email, not your personal email account.

We have a district-wide Google powered email system. This system is the way we send all official College communications concerning selective admissions, class enrollment, financial aid, tuition due dates and other important student information.

All students will need to check their new student e-mail regularly or forward the new student e-mail to a personal e-mail to ensure that all official college communication is received.

The benefits to you include:
- Quicker response
- Convenience. You can receive & read email even if out-of-town
- Saves trees!

Go to my.maricopa.edu & log in to your account. Click on ‘create an account’ in the paragraph above the picture of the students to set up your student account. You may edit your information, such as address, phone, etc. here also if you need to. This is a self-service for students, which includes registering for classes, adding/dropping classes, making payments, printing your class schedules, viewing financial aid & viewing your grades. If you have any technical issues, please call 1-888-994-4433.

Contact Information

If you have any questions about the enclosed program material, please feel free to contact any of the following:

Tracey Schartz, M.ED., RRT, VA-BC – Program Director / Phone 602.286.8523 / E-mail: Tracey.Schartz@gatewaycc.edu

Shannon Willie, Administrative Specialist Sr, Medical Imaging and Cardiopulmonary Sciences Division / Phone 602.286.8477 / E-mail: shannon.willie@gatewaycc.edu

Carolyn Delgado, Health Sciences Academic Advisor / Phone 602.286.8183 / Email: delgado@gatewaycc.edu

Lucy Granillo, Health Sciences Academic Advisor / Phone: 602.286.8181 / Email: luciella.granillo@gatewaycc.edu

Stevie Jones, Health Sciences Academic Advisor / Phone: 602.286.8181
E-mail: stevie.jones@gatewaycc.edu

Inquiries concerning the admission process contact:
Enrollment Services at 602.286.8200

The Health Sciences Academic Advisors are available by phone, email, or in person at the CH Center for Health Careers Education Building, on the north side of campus during the following business hours:
Please utilize the link https://www.gatewaycc.edu/advisement/healthcare-nursing for more Health Care advising information

Student Services

Some of the services available to students are available at the following link:
https://www.gatewaycc.edu/current-students
ADMISSION: RESPIRATORY CARE PROGRAM

FOR THOSE STUDENTS SEEKING ADMISSIONS TO RESPIRATORY CARE PROGRAM, COMPLETE THE FOLLOWING STEPS:

STEP 1: MEET WITH A HEALTH SCIENCES ADVISOR

STEP 2: PROGRAM REQUIREMENTS AND APPLICATION
Before an application is accepted, all program prerequisites must be complete or the student must be in their last semester of prerequisites. The student must attend an information session before the prerequisite checklist is signed by an Advisor. No applications will be accepted by the Program Director. The Respiratory Therapy Program prerequisites must be completed prior to the student’s admission to the Program. However, Program prerequisites do not have to be completed before the submission of an application and placed in the queue. We admit students into the Respiratory Care program based on completion of prerequisites, and on a first-come, first-served basis based on the date the application is received. We have about a 2-4 semester waitlist (this varies) once you have completed all of the pre-requisites. Once you have completed the pre-requisites you will be taken off the queue and placed on the waitlist.

Please be sure to review this information to ensure that your application materials are complete and received at the Selective Admissions Office by the deadlines. You will receive notification of your acceptance via e-mail. This will arrive through the Maricopa email account set up when you received your MEID. It is important to keep your information current with GateWay Community Colleges Admissions and Records department at all times. DO NOT SEND to Tracey Schartz; she does NOT handle the processing of applications.

— After receipt of your completed application, you will be notified by Selective Admissions. Details on registration, the program, etc., will be emailed to you.

— If you have any special educational, financial, or other needs, please make them known along with your application, so our Selective Admissions Coordinator may direct you to the appropriate college advisors.

STEP 3: UPON ADMISSION, STUDENTS WILL RECEIVE A LIST OF COURSE TO ENROLL
GateWay requires on-time registration because we believe success starts from day one. Enroll early, get your books, and be in class ready to learn from the first day.

For classes with published start dates and meeting times, registration in the class must be completed before the first official class meeting date and time. No late registration in a class once it has started is allowed. Registration for a class on the date it starts must be done in person or on the phone, and must be completed before the class start time.

You will find there are many ways to receive academic, financial, or career assistance to get involved in our community.

• The Maricopa Community Colleges Class Schedule allows you to find classes by semester, time, & date.
• Pick out the classes you need and go to the My.maricopa.edu Online Student Center. Login using your MEID & password to create your class schedule.

STEP 4: RESPIRATORY CARE NEW STUDENT ORIENTATION
Orientations is held prior to each Fall and Spring semesters. Attendance to new student orientations is MANDATORY for all new Respiratory Care students. We will notify you of date, time, and location of your new student orientation.
Send application to:
GATEWAY COMMUNITY COLLEGE
Attn: Special Admissions, Admissions and Records
108 N 40th Street
Phoenix, AZ 85034-1704 / 602.286.8058

Please print clearly

LEGAL NAME (LAST) [FIRST] (MIDDLE)

ADDRESS (STREET)

(CITY) (STATE) (ZIP)

FORMER NAME(S) which may appear on transcript

PRIMARY PHONE NUMBER MESSAGE PHONE NUMBER

E-MAIL ADDRESS Maricopa Student email address only (MEID@maricopa.edu)

STUDENT ID NUMBER

PERSON TO NOTIFY IN CASE OF EMERGENCY PHONE

ADDRESS

Information Release – FERPA:
Do you give permission for the college to release directory information relative to your enrollment (as per the Family Education Rights and Privacy Act of 1974)?

Yes [ ] No [ ]

Are you currently enrolled in college? Yes [ ] No [ ]

If “YES”, where? ________________________________

Address ________________________________

Do you currently have a DPS Level-One Fingerprint Clearance card? Yes [ ] No [ ]

If Yes, please attach a copy of your card to your application packet.

If No, please see instructions on page 17.

List any prerequisite classes you have completed

______________________________

______________________________
PREVIOUS COLLEGES OR TECHNICAL SCHOOLS ATTENDED:

NAME OF INSTITUTION
CITY AND STATE
DATE OF ENTRANCE
DIPLOMA OR DEGREE RECEIVED
DATE OF EXIT
COLLEGE MAJOR

NAME OF INSTITUTION
CITY AND STATE
DATE OF ENTRANCE
DIPLOMA OR DEGREE RECEIVED
DATE OF EXIT
COLLEGE MAJOR

NAME OF INSTITUTION
CITY AND STATE
DATE OF ENTRANCE
DIPLOMA OR DEGREE RECEIVED
DATE OF EXIT
COLLEGE MAJOR

STARTING WITH MOST RECENT AND WORKING BACK, LIST EMPLOYERS:

OCCUPATION
EMPLOYER
ADDRESS
NAME OF SUPERVISOR
REASON FOR LEAVING

HonorHealth Employee:
Are you a current employee of HonorHealth? If yes, select all that apply and attach a copy of your employee summary page from Staff Member Self Service/UltiPro. Include your employee number.
I am a current employee of HonorHealth
I have worked with HonorHealth for more than 6 month.
I work at least 32 hours per pay period.

MILITARY:
Are you a member of the US Armed Forces, a former member of the US Armed Forces, or a dependent of a member of the US Armed Forces? If yes, select all that apply: Attached a copy of DD214
I am a current member of the US Armed Forces
I am a dependent of a member of the US Armed Forces
I am a former member of the US Armed Forces

CERTIFICATION:
I certify that the above answers are true, correct, and complete. I understand that any falsification or intentional misrepresentation of information on this application may be cause for dismissal from the Respiratory Care Program and from the college.

__________________________________________  ____________________________
Signature                                  Date
Admission or graduation from the Respiratory Care Program does not guarantee obtaining a license to practice respiratory care. Licensure requirements and the subsequent procedures are the exclusive right and responsibility of the Arizona Board of Respiratory Care Examiners. Students must satisfy the requirements of the Respiratory Care Practice Act—statutes, rules and regulations—individually of any college or school requirement for graduation.

Conviction by a court of competent jurisdiction of a felony is presumptive evidence of the commission of a felony and may be grounds for denial of license to practice respiratory care pursuant to A.R.S. Article 3: 32-3552. Fingerprinting will be part of the application process for Respiratory Care Licensure with the Arizona Board of Respiratory Care Examiners. For more information on the process of licensure contact:

Arizona Board of Respiratory Care Examiners
1400 W Washington, Suite 200
Phoenix, AZ 85007
602.542.5995

I have read and understand the Admission Application Disclaimer.

________________________________________  ________________________________
Signature                                      Date

________________________________________
Student ID Number

This disclaimer will become part of your Respiratory Care Program records.
The following prerequisites must be completed prior to submitting your application. In order for a course to satisfy the prerequisite requirements, students must receive a minimum grade of “C” or 2.0.

<table>
<thead>
<tr>
<th>Course</th>
<th>Course Title</th>
<th>Credits Required</th>
<th>College</th>
<th>Semester Completed or Enrolled</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>BIO160</td>
<td>Introduction to Human Anatomy and Physiology – Lecture/Lab OR Human Anatomy</td>
<td>4 – 8</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BIO201</td>
<td>and Physiology I (4) AND Human Anatomy and Physiology II</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BIO202</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CRE101</td>
<td>College Critical Reading OR Equivalent as indicated by assessment</td>
<td>0 – 3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ENG101</td>
<td>First Year Composition (3) OR First Year Composition for ESL (3)</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ENG107</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MAT120</td>
<td>Intermediate Algebra (5) OR Intermediate Algebra (4) OR Intermediate Algebra</td>
<td>3 – 5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MAT121</td>
<td>(3) OR Equivalent course OR Satisfactory completion of a higher level</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MAT122</td>
<td>Algebra mathematics course</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHM130</td>
<td>Fundamental Chemistry</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHM130LL</td>
<td>Fundamental Chemistry Lab</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RES/HCC109</td>
<td>CPR for Health Care Provider OR American Heart Association Health Care</td>
<td>.5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Provider CPR certification</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**MCCCD Policy Background Check Acknowledgement** (copy attached) ☐

---

Student Signature

Student Name (printed)

Date

---

Respiratory Care
Overview of the Requirements

In order for students to be admitted to or maintain enrollment in good standing in Maricopa County Community College District’s (“MCCCD”) Allied Health and Nursing programs (“Programs”), students must provide with their application to a Program all of the following:

- A copy of an Arizona Department of Public Safety Level-One Fingerprint Clearance Card (“Card”). Students are required to pay the cost of applying for the Card. Cards that are NOT Level-One status will not be accepted.
- An original version of the “Criminal Background Check Disclosure Acknowledgement” form attached to this Summary signed by the student.

At all times during enrollment in a Program, students must obtain and maintain BOTH a valid Level-One Fingerprint Clearance Card and passing disposition on supplemental background check performed by MCCCD authorized vendor. Admission requirements related to background checks are subject to change as mandated by clinical experience partners.

Implementation of the Requirements

1. Students that are denied issuance of a Card may be eligible for a good cause exception through the Arizona Department of Public Safety. It is the student’s responsibility to seek that exception directly with the department. Until the student obtains a Card and meets the other requirements for admission, he or she will not be admitted to a Program.

2. Students admitted to a Program whose Card is revoked or suspended must notify the Program Director immediately and the student will be removed from the Program in which they have been admitted or are enrolled. Any refund of funds would be made per MCCCD policy.

3. The Criminal Background Check Disclosure Acknowledgement directs students to disclose on the data collection form of the MCCCD authorized background check vendor all of the requested information as well as any information that the background check may discover. Honesty is important as it demonstrates character. Lack of honesty will be the basis for denial of admission or removal from a Program if the information that should have been disclosed but was not would have resulted in denial of admission. Failure to disclose other types of information constitutes a violation of the Student Code of Conduct and may be subject to sanctions under that Code. Students have a duty to update the information requested on the [background check vendor] data collection form promptly during enrollment in a Program. The [background check vendor] data collection form may ask for the following information but the form may change from time to time:
   - Legal Name
   - Maiden Name
   - Other names used
   - Social Security Number
   - Date of Birth
   - Arrests, charges or convictions of any criminal offenses, even if dismissed or expunged, including dates and details.
   - Pending criminal charges that have been filed against you including dates and details.
   - Participation in a first offender, deferred adjudication or pretrial diversion or other probation program or arrangement where judgment or conviction has been withheld.

The authorized MCCCD background check vendor will be asked to pass or fail each student based on the standards of MCCCD’s clinical experience partners that have established the most stringent requirements. The sole recourse of any student who fails the background check and believes that failure may have been in error is with the background check vendor and not MCCCD.
All allied health and nursing students who seek to enroll in MCCCD healthcare programs must complete a Criminal Background Check. The outlined criteria have been created based on MCCCD’s largest clinical experience hospital partners. These partners have stringent background check standards that preclude MCCCD from assigning students to their sites who cannot meet those standards. In order for MCCCD students to be able to continue to complete clinical experiences at local hospitals, students must meet these standards.

For persons wishing to enroll in a Program the person must meet the following standards:

- Possession of a valid Arizona Department of Public Safety Level One Fingerprint Clearance Card. Students who currently possess a DPS Card that is another level will not be allowed entrance into a health care program. Students are required to pay the cost of obtaining this background check. If the Level-One Fingerprint Clearance Card is revoked or suspended at any time during the admission process or while enrolled in a MCCCD healthcare program a student must notify the Program Director immediately and he or she will be removed from the Program. Please see the “Frequently Asked Questions” sheet for details regarding the DPS Card.

- Each student must provide documentation that he or she has completed and “passed” a MCCCD-supplemental background check through the approved vendor CastleBranch. Students are required to pay the cost of obtaining this background check. Students whose background checks are more than six months old on the date of beginning a healthcare program must obtain an updated background check. Students who have been in a Program for more than 12 months may be requested to obtain an updated background check. Please see the attached “Frequently Asked Questions” sheet for more details regarding the MCCCD supplemental-background check.

- The MCCCD supplemental or the clinical agency background check may include but are not limited to the following:
  - Nationwide Federal Healthcare Fraud and Abuse Databases
  - Social Security Verification
  - Residency History
  - Arizona Statewide Criminal Records
  - Nationwide Criminal Database
  - Nationwide Sexual Offender Registry
  - Homeland Security Search

- By virtue of the MCCCD supplemental background check, students will be disqualified for admission to a program or continued enrollment in a program based on their criminal offenses, the inability to verify their Social Security number, or their being listed in an exclusionary database of a Federal Agency or on a sex offender registry. Offenses that will lead to a “fail” on the supplemental background check may include but are not limited to:
  - Social Security Search-Social Security number does not belong to applicant
  - Any inclusion on any registered sex offender database
  - Any inclusion on any of the Federal exclusion lists or Homeland Security watch list
  - Any conviction of Felony no matter what the age of the conviction
  - Any warrant in any state
o Any misdemeanor conviction for the following-No matter age of crime
  - violent crimes
  - sex crime of any kind including non-consensual sexual crimes and sexual assault
  - murder, attempted murder
  - abduction
  - assault
  - robbery
  - arson
  - extortion
  - burglary
  - pandering
  - any crime against minors, children, vulnerable adults including abuse, neglect, exploitation
  - any abuse or neglect
  - any fraud
  - illegal drugs
  - aggravated DUI
  - burglary
  - pandering
  - any crime against minors, children, vulnerable adults including abuse, neglect, exploitation
  - any abuse or neglect
  - any fraud
  - illegal drugs
  - aggravated DUI

o Any misdemeanor controlled substance conviction last 7 years
o Any other misdemeanor convictions within last 3 years
o Exceptions: Any misdemeanor traffic (DUI is not considered Traffic)

- At all times students are in a program they must maintain BOTH a valid Level-One Fingerprint Clearance Card and passing disposition on the MCCCD supplemental background check performed by the MCCCD-authorized vendor.
- Admission requirements related to background checks are subject to change without notice.
- Some clinical agencies may require additional components of a criminal background check, other than those required by MCCCD, as well as a drug screening. Students are required to pay for any and all criminal background checks and drug screens required by a clinical agency to which they are assigned.
- Even though a student possesses a valid DPS Level One Fingerprint Clearance Card and has passed the MCCCD supplemental background check, a clinical agency may decline to place a student due to information the clinical agency obtains in a background check it requires.
- If a clinical agency to which a student has been assigned does not accept the student based on his or her criminal background check, the student may not be able to complete the program.
- MCCCD may, within its discretion, disclose to a clinical agency that a student has been rejected by another clinical agency.
- MCCCD has no obligation to make attempts to place a student when the reasons for lack of placement are criminal background check issues. Since clinical agency assignments are critical requirements for completion of the program, inability to complete required clinical experience due to a student’s criminal background check will result in removal from the program.

_________________________________________  ________________________
Signature                                           Date

_________________________________________  ________________________
Printed Name                                         Student ID Number

Desired Health Care Program