Dear Respiratory Care Applicant:

Thank you for your interest in the Health Professions programs at The University of Montana Missoula College. As you prepare your application for submission, there are a few items to consider. **This application is for the program itself. If you are not already enrolled at MC-UM, an application for admission to the MC must be completed as well.**

The program application process is your opportunity to present yourself for consideration into the Respiratory Care program. Your application will be evaluated in five categories. Each category is weighed equally.

The categories to be evaluated are:

1. Cover Letter/Essay
2. Work Experience Form
3. Reference Forms
4. Transcripts (GPA of required “prerequisite” courses will be determined)
5. Interviews will be conducted for the top 20 candidates. If you qualify for an interview, it will be scheduled for a time slot in June 2017

We hope this is helpful to you. **Applications must be received by April 3, 2017 at 12:00 PM.** We are eager to read your application and will provide feedback to you in a timely manner. If you have questions or concerns, please contact Nick Arthur, Respiratory Care Program Director, by phone, (406) 243-7836 or email, Nicholas.Arthur@umontana.edu for further information.

Sincerely,

Nick Arthur BS, RRT
Respiratory Care Program Director
The University of Montana Missoula College
2017 Application Form for Respiratory Care: Missoula

This application is for students applying to the Respiratory Care program starting August, 2017. You must have completed, or will complete by the end of spring session, all prerequisite classes or their approved equivalent. This application must be legible. **If you are not already enrolled at UM MC Missoula, you must also complete an application for admission which is available at:** [www.mc.umt.edu](http://www.mc.umt.edu)

**Personal Information**

Full Legal Name

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Previous Names(s)

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UM MC Student ID ______________________

Permanent mailing address __________________________________________________________

City____________________________  State________  Zip________ Phone (______) ______ - ______

Mailing address (if other than above address) __________________________________________

City____________________________  State________  Zip________ Phone (______) ______ - ______

Current E-mail address ___________________________ Permanent E-mail address _____________________

The program specific professional organization may not allow you to take the national exam following the completion of the program. Acceptance for taking national exams, if you have a felony conviction, is approved or denied by the professional organization on an individual basis. If you have a felony conviction, contact the appropriate organization for further information before making an application to the program. 

For Respiratory Care, contact: 

Montana Board of Respiratory Care (406) 842-2385

Signature ___________________________ Date __________________

2
Pre-Program (Core) Requirements

Students apply in spring semester. If the applicant is completing the Core Requirements this semester, be sure to note this in the “cover letter.” If applicants anticipate completing Core Requirements at the end of summer session, they should apply in April and this should also be noted in the “cover letter.” These applicants also need to include two official “transcript request” forms. These students may be considered for “provisional acceptance” upon successful completion of the core by the end of the summer session. Initial determination will be made after grades are received at the end of spring semester. Applicants will be notified of “official acceptance” or “provisional acceptance” in early June. Applicants who were “provisionally” accepted in June will be notified of acceptance status by mid-August after summer session grades are received by the college.

Missoula Campus

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<tr>
<th>CRN</th>
<th>COURSE TITLE</th>
<th>CREDIT</th>
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<tr>
<td>BIOH 201 &amp; 202</td>
<td>Anatomy and Physiology I</td>
<td>4</td>
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<tr>
<td>BIOH 211 &amp; 212</td>
<td>Anatomy and Physiology II</td>
<td>4</td>
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<tr>
<td>WRIT 121 or WRIT 101</td>
<td>Technical Writing OR English Composition</td>
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<td>M 105 or M 115 or M 121</td>
<td>Contemporary Math OR Linear &amp; Probability OR College Algebra</td>
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<td>PSYX 100S</td>
<td>Introduction to Psychology</td>
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<td>SCN 175</td>
<td>Integrated Physical Science</td>
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<td><strong>Total</strong></td>
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- BIOH 201 and BIOH 211 Anatomy and Physiology I & II must be completed with a grade of “B-” and “C” respectively.
- Applicants must have a minimum GPA of 2.75 in Prerequisite Courses.

Applicants must prove competence with computer technology in one of the following three ways:

- Have acceptable transfer credit for CAPP 120 Introduction to Computers
- Pass the challenge exam for CAPP 120
- Take and pass CAPP 120
Job Shadow Requirement

Applicants must schedule a date and time to shadow a Licensed Respiratory Therapist. The purpose of shadowing is to allow prospective Respiratory Care students’ exposure to hospital based patient care in hopes that it may inform their decision to apply to the Respiratory Care Program.

1) **A maximum of four hours should be allotted for shadowing a hospital therapist at a given institution so as to not overwhelm the staff.** Shadowing can occur in any hospital and is not limited to hospitals in Missoula. In addition, applicants can shadow in related areas: Home care companies and sleep diagnostic laboratories occasionally employ respiratory therapists.

2) Dress: Jeans, shorts, sandals, low tops, etc., are not acceptable. Slacks and collared shirts are acceptable as they convey professionalism as prospective students will be viewed by nursing, ancillary staff, physicians and patients.

3) Confidentially: You sign a confidentiality agreement when you arrive to shadow.

4) Document your participation (hours, institutions and name of the therapist you shadowed) in your essay and in the “Medical Work Experience” section of the “Work Experience” Form. **DO NOT USE THIS THERAPIST AS A PROGRAM APPLICATION REFERENCE.**

FYI Local Hospital Contact Information
St. Patrick Hospital, Human Resources, 329-2667
Community Medical Center, Volunteer Services, 327-4258
Application Process
The University of Montana Missoula College
Department of Health Professions

Application Steps

1. **Obtain** an application packet for the Respiratory Care program. Application packets are available on the respective program webpage and can be accessed from The University of Montana Missoula College home page (www.mc.umt.edu).

2. **Review** the application requirements for Respiratory Care because each program is unique in its admission and acceptance requirements. Program requirements are also listed in the current University of Montana catalog in the Department of Health Professions. It is important to consult your advisor or program director if you have questions.

3. **Compile** the requested material:
   - **Cover letter:** Addressed to the Respiratory Care Selection Committee, which introduces you to the committee, states the purpose and contents of your application packet. Please use a formal letter format, with complete thoughts and your signature. Include your current address and phone number.
   - **2017 Application Form for Respiratory Care,** completed, signed, and dated.
   - **Essay:** Essay should be between 400 and 500 words, no longer than 2 pages printed in 12-point font, double-spaced with one-inch margins. It should include the following:
     a. Introduction
     b. The title of the profession for which you are applying
     c. Personal characteristics necessary
     d. Duties, roles and responsibilities
     e. Description of physical demands
     f. Description of the differing working environments
     g. Typical hours worked in different environments
     h. Requirements for certification
     i. Conclusion
   - **Work Experience Form** Please include volunteer work and job shadow experiences. All are important.
   - **References** Included in this packet are three copies of the two page Reference Form. Please inform your references to use the Reference Form and not letters of reference. Provide the form and an envelope to each reference. Please use three professional references.
Each reference form submitted by you must be in the envelope sealed by the referring party with their signature across the flap. Any evidence of tampering with the sealed reference will cause it to become void.

- **Transcripts, evaluation of transfer courses and/or waivers**
  a. Official transcripts from all colleges and universities attended **outside** of the Montana University System (MUS), if applicable
  b. Unofficial transcript of courses currently in progress
  c. Form: Transcript Release to allow HP committee to obtain grades for courses currently in progress at time of application

  **This form can be accessed on the web.**
  1. Go to The University of Montana webpage at: [www.umt.edu](http://www.umt.edu)
  2. Go to the A-Z index and select “R” for Registrar’s office
  3. On the right side of the picture, select “Transcripts”
  4. At the top of the page under the word “Transcripts” select “Request for Transcript” and the 2 page form will appear.
  5. Print the form, complete it and enclose it in the envelope with your application. (You do **not** need to pay the fee.)

  If you are unable to access the form online, you may obtain one from the Registrar’s office.

d. Form: Course Waiver, Transfer and Substitution completed, if applicable. Please submit a copy.

4. **Submit** the completed application **by April 3, 2017 at 12:00 PM.** The application must be in a sealed 9” by 12” envelope with “Respiratory Care-Missoula”, your name, address, phone and email on the outside of the envelope.

Submit to:

Maryann Dunbar, Administrative Assistant
Health Professions
Room GH 08 A
Missoula College
909 South Avenue West
Missoula, MT 59801

**NOTE:** Each packet will be date-stamped upon receipt, and applicant contact information entered on a spreadsheet for further notification. It is the applicant’s responsibility to allow ample time for mailing, etc.
Selection Process

1. Applications will be read and ALL applicants will be notified of the status, either scheduled for an interview or not selected, as soon as possible after final grades for the semester have been posted. Therefore, acceptance letters are sent out only after semester final grades are known and interviews have been conducted. Information regarding status will only be communicated by letter and will not be given by telephone.

2. Accepted applicants must notify Maryann Dunbar, HP Administrative Assistant, in writing,(e-mail is acceptable with copy to Respiratory Care Program Director, Nicholas Arthur) of their intent to ACCEPT OR DECLINE admission to the Respiratory Care program within ten (10) business days of receipt of the acceptance letter. Failure to do so will result in another candidate being chosen to fill the space. E-mail addresses are available via the MC webpages or by utilizing the last name search on GrizMail.

3. Once you have notified the MC of your decision to accept a slot in the Respiratory Care Program, you must register for courses on Cyberbear within ten (10) business days. If you have not registered, we will not save your place. If circumstances prevent you from attending, please notify Maryann Dunbar, or the Respiratory Care Program Director, immediately, via phone or e-mail, so an alternate candidate can be notified in a timely manner.

4. In the event you are not accepted into the program, schedule an advising appointment with the Respiratory Care Program Director to discuss “Plan B”. This is necessary to address financial aid and class availability issues.

Campus Address:
Maryann Dunbar, Health Professions Administrative Assistant
Missoula College
909 South Avenue West
Missoula, MT 59801

NOTE: In order to ensure fairness to all applicants a spreadsheet with the dates of application, notifications, etc. will be maintained. Therefore, your timely response(s) are critically important in guaranteeing your place in the program. We must have an accurate name, address and telephone number to ensure we reach you.
# Work Experience Form

## General Work Experience

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<tr>
<th>Name and address of facility</th>
<th>Job Title</th>
<th>Job Responsibility</th>
<th>Dates and hours/week of employment</th>
<th>Supervisor’s name and current phone number</th>
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## Medical Work Experience (Paid, Voluntary, Job Shadow)

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The University of Montana Missoula College
Department of Health Professions

Reference Form

________________________ is applying to the Missoula College Department of Health Professions.

The University of Montana cannot require that applicants waive their right to see their references. However, applicants may do so voluntarily. If confidentiality is waived, the reference response will not be shared with the candidate at any point.

I do waive my right to see this reference.
Applicant Signature ____________________________ Date ______

If you wish to have a copy of your completed reference form, ask your reference to provide you with a copy. Copies will not be provided to applicants by the Missoula College.

The need for healthcare professionals is great. However, due to the availability of clinical sites, we are limited in the number of students we are able to accept into each program. Therefore, it is our responsibility to select students whose abilities, values, motives, and character give the greatest promise for success. Your candid, honest responses to the questions we ask are important to all concerned. We ask therefore, that you take the time to consider each response carefully.

The applicant will provide an envelope for your reply. Please return it to the applicant sealed and with your name written across the glued portion of the flap. Any evidence of tampering with the seal of the envelope will disqualify the candidate. The applicant will then submit the envelope with other application materials. We request your prompt attention as the applicant has a deadline to submit materials. Thank You.

Please provide the following information:

Date:

Name and Title of Reference:

Institution Name and Address:

Phone Number (we may contact you further):

How long have you known the applicant and in what capacity?
Name of Applicant: _________________________________________

Please read the following and respond as honestly as possible. A single response will cause neither denial nor assurance of admission to a program. We are asking that you respond by comparing the applicant with others having similar backgrounds, responsibilities, and capacities. If you are unable to evaluate in some area, please check “N/A.”

Applicant Characteristics to be Evaluated: | Top 10% | Top 25% | Upper 50% | Lower 50% | N/A |
--- | --- | --- | --- | --- |
| | Outstanding | Above average | Average/above | Average/below | Unknown |
Interacts well with co-workers, employers, others
Effectively communicates orally
Has clear written communication
Is an effective team member
Responds positively to criticism
Is appropriately assertive
Exhibits ethical behavior consistently
Is self-motivated
Displays initiative and creativity
Prioritizes tasks appropriately
Analyzes and solves problems
Requests assistance appropriately
Accomplishes tasks in a timely manner
Is present when expected….reliable
Is an effective team leader
Interacts respectfully with diverse individuals
Dress and personal care are appropriate
Language is professional
Demonstrates kindness and compassion
Able to laugh at him/herself
Able to function with safety for self and others
Exhibits qualities you would like to have in someone taking care of you

Additional Information: Please feel free to add descriptions or give examples that will illustrate the above. Use additional paper if needed.

In order to help us evaluate this recommendation form, please answer the following:
The evaluation characteristics were clear and easy to rate yes no
This evaluation form allows a fair picture of the applicant yes no
The evaluation process took an acceptable amount of time yes no
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<td>Able to function with safety for self and others</td>
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<td>Exhibits qualities you would like to have in someone taking care of you</td>
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Additional Information: Please feel free to add descriptions or give examples that will illustrate the above. Use additional paper if needed.

In order to help us evaluate this recommendation form, please answer the following:

The evaluation characteristics were clear and easy to rate  yes  no
This evaluation form allows a fair picture of the applicant  yes  no
The evaluation process took an acceptable amount of time  yes  no
Application Checklist

Your complete application should contain the following:

Cover Letter
2017 Application Form for Respiratory Care, completed, signed and dated

Essay

Work Experience Form

References (three references in envelopes with reference signature across sealed flap)

Transcripts (official) from all schools attended

Unofficial Transcript of courses currently in progress

Transcript Request Form, signed and dated

Course Transfer, Waiver and Substitution Form, if applicable; (please submit a copy)

All information should be sealed in 9” by 12” envelope with program, city and all applicant contact information indicated on the outside of the envelope.

✓ Program and City: _______________
✓ Name: ________________________
✓ Address: ______________________
✓ Phone: ________________________
✓ E-mail: ________________________

Thank you for your interest in The University of Montana Missoula College Respiratory Care program.