



**APPLICATION TO THE UNIVERSITY OF MISSOURI-COLUMBIA  
RESPIRATORY THERAPY DEGREE COMPLETION PROGRAM  
605 LEWIS HALL, COLUMBIA, MO 65211-4230**

**Due Dates:**

Fall – June 1

Winter – Oct 1

Summer – March 1

Type or Print  
Full Name

(Last) (First) (Middle) (Maiden) (Soc. Sec. No.)

Sex:  Male  Female

Permanent Address

(Street) (City) (County) (State) (Zip) (AC) (Telephone)

Name of High School Attended \_\_\_\_\_ Year of Graduation \_\_\_\_\_

Email address: \_\_\_\_\_

Fax #: ( ) - \_\_\_\_\_ Cell phone: ( ) - \_\_\_\_\_

Date Obtained NBRC Credentials: \_\_\_\_\_ CRTT: \_\_\_\_\_ RRT: \_\_\_\_\_ Others (please list): \_\_\_\_\_

RCP License or Registration Number: \_\_\_\_\_ State: \_\_\_\_\_

Have you ever been convicted of any felony or class A misdemeanor or pled no contest to any felony or class A misdemeanor? CHECK ONE:  Yes  No If you answered Yes, you must attach a brief narrative explaining the circumstances.

### **REFERENCES**

Two (2) letters of reference in support of your application to the admissions committee are required. One reference must come from your current RC supervisor, manager, or medical director. Please note name, title & relationship of persons who will send letters of reference to the admissions committee. Other suggestions include a former supervisor, administrator, or a physician. \*Please note: All letters of reference must be signed and sent by the individual providing the reference on official stationary.

| Name | Title | Dept. | Institution | Address |
|------|-------|-------|-------------|---------|
|      |       |       |             |         |
|      |       |       |             |         |
|      |       |       |             |         |

### **EDUCATION**

| College(s) Attended or Currently Attending | Dates Enrolled | Degree(s) Received |
|--------------------------------------------|----------------|--------------------|
|                                            |                |                    |
|                                            |                |                    |
|                                            |                |                    |

### **HONORS AND AWARDS**

Academic Awards (high school &/or college):

|  |  |
|--|--|
|  |  |
|  |  |

### Professional Awards:

---

Page 10 of 10

#### Other Awards:

## ORGANIZATIONS/LEADERSHIP ACTIVITIES

Please list organizations or activities in which you have had significant participation (professional, community, sports, church, etc., indicate offices held and give dates when appropriate)

## EMPLOYMENT HISTORY

## ESSAY

In one page (using a word processing program), please address the following questions with a thoughtful and honest reflection. Attach and submit your essay with your application packet.

*The role of the respiratory therapist has expanded during the past several years and the RCP's role has become quite diverse. First, please tell us about your professional development thus far and then how you feel a Bachelors degree in Respiratory Therapy will enhance or enrich your professional practice or career in the future? Where do you see yourself professionally, five years after obtaining your degree from MU?*

## Documentation of Professional Experience

**A. Written Component:** The RT Admissions Committee would like for you to reflect upon your professional and practical experiences as a respiratory care practitioner. Specifically, please include various strategies of mechanical ventilation, patient mix, and type of critical care practice you have experienced as a post graduate RRT. Also include non-invasive and invasive monitoring devices/procedures, patient protocols, and any other type of modality that reflects your current level of clinical practice.

In addition, the committee requests you discuss specific management, educational, or research activities, related to the practice of respiratory care, in which you have been involved. Please include publications you may have authored as a result of these activities.

Please submit your word processed response, attached with your application packet or email separately as a MS Word attachment to [hoganr@health.missouri.edu](mailto:hoganr@health.missouri.edu)

**B. Validation of Clinical Practice:** Please identify one person per current place of employment such as a clinical supervisor, department manager, administrator, or respiratory therapy medical director who can provide knowledge of your professional and clinical skills as an RRT in the intensive care clinical setting. You may need to ask more than one place of employment to provide information for the minimum requirements.

Applicants are asked to forward the Validation of Clinical Experience Form to the individual(s) for completion. Once completed, the individual(s) should submit the Validation of Clinical Experience Form directly to:

RT Degree Completion Admissions Committee  
Dept of Cardiopulmonary and Diagnostic Sciences  
605 Lewis Hall  
Columbia, MO 65211-4230

## Validation of Respiratory Therapy Clinical Experience Form

\_\_\_\_\_ has applied for admission into the Bachelor of Health Science in Respiratory Therapy degree completion program at the University of Missouri-Columbia. A component of the application process requires verification of a minimum of one year post graduation work experience specifically in the critical care clinical setting. The admissions committee would appreciate your input on the validation form below regarding the applicant's skill level and respiratory care practice. Please complete and mail to:

RT Degree Completion Admissions Committee  
Dept of Cardiopulmonary and Diagnostic Sciences  
605 Lewis Hall  
Columbia, MO 65211-4230

| <u>Please indicate the approximate percent of effort</u> the applicant has spent or currently spends performing the following critical care activities: |                 |                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|
| <b>Skill</b>                                                                                                                                            | <b>% Effort</b> | <b>Comments</b> |
| Ventilator Management:                                                                                                                                  |                 |                 |
| Adult                                                                                                                                                   |                 |                 |
| Pediatric                                                                                                                                               |                 |                 |
| Neonate                                                                                                                                                 |                 |                 |
| Advanced Cardiac Life Support                                                                                                                           |                 |                 |
| Arterial Lines/Analysis                                                                                                                                 |                 |                 |
| Pulmonary Function Testing                                                                                                                              |                 |                 |
| Special Procedures eg. Assisting with Bronchoscopy, Intubation, Metabolic studies, Hemodynamic Monitoring, etc.                                         |                 |                 |
| Other (please list)                                                                                                                                     |                 |                 |
| ►                                                                                                                                                       |                 |                 |
| ►                                                                                                                                                       |                 |                 |
| ►                                                                                                                                                       |                 |                 |
| ►                                                                                                                                                       |                 |                 |
|                                                                                                                                                         |                 |                 |
| <b>Total Effort</b>                                                                                                                                     | <b>100 %</b>    |                 |

Thank you for your willingness to complete this component of the application.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Institution

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City/State/Zip

## **Notice of Nondiscrimination**

Applicants for admission and employment, students, employees, sources of referral of applicants for admission and employment, and all unions holding collective bargaining agreements with the University of Missouri-Columbia are hereby notified that this institution does not discriminate on the basis of race, color, religion, national origin, ancestry, sex, age, disability, or status as a disabled veteran or veteran of the Vietnam Era in admission or access to, or treatment or employment in, its programs and activities. Any person having inquiries concerning the University of Missouri-Columbia's compliance with the regulations implementing Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, or Section 504 of the Rehabilitation Act of 1973 is directed to contact the director of the Office of Equal Opportunity, University of Missouri-Columbia, 217 Jesse Hall, Columbia, MO 65211, (573) 882-7885. The director of the Office of Equal Opportunity has been designated by the University to coordinate the institution's efforts to comply with the aforementioned regulations. Any person may also contact the Assistant Secretary for Civil Rights, U.S. Department of Education, regarding the institution's compliance with these regulations.

### **Americans with Disabilities Act**

If you have special needs addressed by the Americans with Disabilities Act, notify us at the School of Health Related Professions, 504 Lewis Hall, Columbia, MO 65211 or phone (573) 882-8011 at least two weeks before you plan to attend the School of Health Related Professions. Reasonable efforts will be made to accommodate your special needs.

### **Please Read and Sign**

The information provided on this application is true and complete at the date of writing to the best of my knowledge. If required, I agree to obtain and/or show documentation of any vaccinations, immunizations, and tests required by the Respiratory Therapy Education Program prior to engaging in fieldwork or clinical activities. This may also include criminal history and background check if required by participating educational affiliates.

---

Signature

---

Date