

Validation of Respiratory Therapy Critical Care Practice

_____ 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

Please indicate the approximate percent of effort the applicant has spent or currently spends performing the following critical care activities:		
Skill	% Effort	Comments
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)		
▶		
▶		
▶		
▶		
Total Effort	100 %	

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

Signature Title Date

Institution Street Address City/State/Zip