

# MISSOULA COLLEGE

UNIVERSITY OF MONTANA

## Department of Health Professions Respiratory Care Program Application for Fall 2024 Admission

Dear Respiratory Care Applicant:

Thank you for your interest in the Health Professions programs at Missoula College (MC) of the University of Montana (UM). An internal program application specifically for Respiratory Care is required. Students apply each spring for fall admission.

Including this page, there are 5 pages of detailed instructions as well as a 5-page application to complete/submit. As you prepare your application for submission, there are a few items to consider.

### Evaluation Criteria:

The program application process is your opportunity to present yourself for consideration into the Respiratory Care program. Your application will be evaluated in the following five categories, with each category weighted equally:

1. Cover Letter;
2. Essay;
3. Work Experience;
4. GPA of required "prerequisite" courses; and
5. Personal Interview (conducted for the top 20 candidates and scheduled in late May or early June).

**All application data requirements and materials must be submitted no later than Friday, May 3, 2024.** Detailed application instructions follow on the next several pages. We hope this information will be helpful to you. 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 one of the following:

- Paul Crockford, Program Director: (406) 243-7918 or [Paul.Crockford@umontana.edu](mailto:Paul.Crockford@umontana.edu).

or  
Colleen Holmquist, Director of Clinical Education: (406) 243-7836  
[colleen.holmquist@umontana.edu](mailto:colleen.holmquist@umontana.edu).

Sincerely,  
Paul J. Crockford, MEd, RRT  
Respiratory Care Program Director

# Prerequisite Course Requirements

## Spring Semester Prerequisite Completion:

If you are completing any of the prerequisite courses this semester, be sure to note this in your “cover letter” and add in appropriate place(s) on page 2 of the 9-page application.

## Summer Session Prerequisite Exemption:

Applicants completing any core requirements during summer session *may be considered for “provisional acceptance”*. If you anticipate completing any prerequisite courses by the end of summer session, be sure to note this in your “cover letter” and add in appropriate places in the online application. ALSO, please communicate about this with Paul Crockford, Program Director, at [Paul.Crockford@umontana.edu](mailto:Paul.Crockford@umontana.edu) or 406- 243-7918.

## Specific Prerequisite Criteria:

- **Prerequisite GPA:** Applicants must have a minimum total GPA of 2.75 in prerequisite courses.
- **BIOH 201N / 202N**, Human Anatomy and Physiology I must be completed with a minimum grade of “C”.
- **BIOH 211N / 212N**, Human Anatomy and Physiology I must be completed with a minimum grade of “C”.

PREREQUISITE	COURSE TITLE	CREDITS
BIOH 201N & 202N	Human Anatomy and Physiology I & Lab	4
BIOH 211N & 212N	Human Anatomy and Physiology II & Lab	4
COMX 115S (or COMX 111)	Intro to Interpersonal Communications (or Intro to Public Speaking)	3
M 115 -OR- M121	Probability and Linear Math - OR- College Algebra	3
PHSX 105N	Fundamentals of Physical Science	3
PSYX 100S	Introduction to Psychology	3
WRIT 121 -OR- WRIT 101	Introduction to Technical Writing -OR- College Writing I (aka: English Composition)	3
<b>Total</b>		<b>23</b>

## Important Respiratory Care Licensure Criteria

- **After graduation**, students must pass a national exam to acquire credentials. In order to practice, most states require licensure.
- **If you have a felony or misdemeanor conviction**, you must contact the Montana Board of Respiratory Care (406) 842-2385 or the appropriate licensing board for the state you wish licensure with

# Selection Process

1. **REVIEW:** Applications will be reviewed and evaluated by a selection committee.
2. **NOTIFICATION:** ALL applicants will be notified via email of his/her status regarding interviewing (either “invited for an interview” OR “not selected”) as soon as possible after final grades for the spring semester have been posted.

***Information regarding status will only be communicated by email.  
Please do not call or email us to check on your application status – we will notify you as soon as we can.***

3. **ADMISSION OFFERS** are made only after semester final grades are known and interviews concluded.
  - Initial admission decisions 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.

***Again, information regarding status will only be communicated by email.  
Please do not call or email us to check on your application status – we will notify you as soon as we can.***

4. **APPLICANTS WHO ARE OFFERED ADMISSION** must notify the following Respiratory Care Program contacts in writing (email is preferred) of their intent to ACCEPT OR DECLINE admission to the Respiratory Care program within ten (10) business days of receipt of the admission offer. ***Failure to do so will result in another candidate being chosen to fill the space.*** Please include both of the following in your email: † Paul Crockford, Program Director: [Paul.Crockford@umontana.edu](mailto:Paul.Crockford@umontana.edu).
5. **AFTER ACCEPTING ADMISSION:**
  - Once you have notified both Paul Crockford of your decision to accept a slot in the Respiratory Care Program, ***you will receive an email letter confirming your admission*** and indicating what courses to register for along with other important information.
  - ***You must register for the Respiratory Program courses on Cyberbear within ten (10) business days of receipt of confirmation. If you have not registered, we will not save your place.***
  - ***If circumstances prevent you from attending, please notify Paul Crockford immediately via e-mail only,*** so an alternate candidate can be notified in a timely manner.
6. **IN THE EVENT YOU ARE NOT ADMITTED into the program**, schedule an advising appointment with the Respiratory Care Program Director, Paul Crockford, to discuss a “Plan B”. This is necessary to address financial aid and class availability issues. [Paul.Crockford@umontana.edu](mailto:Paul.Crockford@umontana.edu)

## Important 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, preferred email address, mailing address, and telephone number to ensure we reach you.*

## Detailed Application Instructions



**1. REVIEW THE PROGRAM REQUIREMENTS** because each program is unique in its admission and acceptance requirements. Program requirements are also listed in the current University of Montana catalog under Missoula College and the Department of Health Professions. If you have questions, please contact Paul Crockford at paul.crockford@umontana.edu

**2. SUBMISSION REQUIREMENTS** (please follow instructions exactly) – **deadline Friday, May 3<sup>rd</sup>, 2024.**

### **APPLICATION FORMS – #5:**



- Page 1: Cover page** -- demographic information  **Page 2:**  
**Colleges/universities attended & upcoming courses**
- Page 3: Medical Work Experience** -- please include volunteer work and job shadow experiences. All are important.
- Page 4: General Work Experience** -- please include volunteer work and job shadow experiences. All are important.
- Page 5: Job Shadow** -- See full instructions on the next page, then see the last page of this document for the form. The form must be completed by you and signed by respiratory therapist that you shadow.

### **COVER LETTER:**

• Address to the Respiratory Care Selection Committee. The letter introduces you to the committee, states the purpose and contents of your application packet. Please use a formal letter format, write in complete thoughts, and sign your letter. Include your current mailing address, phone number, and preferred email address.

### **ESSAY:**

- 1) Essay should be between 400 and 500 words, no longer than 2 pages printed in 12-point font, double-spaced with one-inch margins, and it should include the following:
- 2) Introduction;
- 3) The title of the profession for which you are applying;
- 4) Personal characteristics necessary;
- 5) Duties, roles and responsibilities;
- 6) Description of physical demands;
- 7) Description of the differing working environments;
- 8) Typical hours worked in different environments;
- 9) Requirements for certification; and
- 10) Conclusion

- TRANSCRIPTS PLUS:**  Unofficial transcripts from **ALL** colleges and universities attended.

***This is required regardless of whether you already had official transfer transcripts sent to UM Admissions.***

- If applicable, documentation of a course waiver or approved course substitution from Admissions or from Paul Crockford, Respiratory Care Program Director.

3. **SUBMIT documents in 9x12 envelope to:**



**If submitting by mail:**

Missoula College Respiratory  
Care 1205 E. Broadway St.  
Missoula, MT 59802

## Job Shadow Requirement Instructions

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.

**You must have the job shadow form (see next page) with you upon arrival to the facility or you will be asked to reschedule at a later date. Please be prepared!**

1. **Arranging Job Shadow:** *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. **Required 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 confidentially agreement when you arrive to shadow.
4. **Documentation:** Document your participation (hours, institutions and name of the therapist you shadowed) in your essay and on the included "Job Shadow Form."

### Local Hospital Contact Information:

- St. Patrick Hospital, Human Resources, 406-329-2667
- Community Medical Center, Volunteer Services, 406-327-4258

*Thank you for your interest in the Respiratory Care Program at Missoula College of the University of Montana.*

# 2024 Application Form for Respiratory Care

**(PRINT ONE-SIDED ONLY; 5 pages total)**

This application is for students applying to the Respiratory Care program starting August 2024.

**This application must be legible and ALL pages submitted as single-sided.**

## Personal Information

Full Legal Name

LAST

FIRST

MIDDLE

(Below – Enter Any Previous Legal Names(s))

LAST

FIRST

MIDDLE

◆ Last four (4) digits of Social Security Number \_\_\_\_\_

◆ UM/MC Student ID# 790-\_\_\_\_\_

◆ Veteran Status\*\*: Non-veteran  Veteran

\*\* The requirement to provide priority of service to veterans applies to all programs that receive funding from the United States Department of Labor. "Veteran" is defined as a person who served at least one day in the active military, naval, or air service, and who was discharged or released under conditions other than dishonorable. Proof of service may be requested.

◆ Current Mailing Address (if not accurate through Aug. 2024, enter date address is valid through)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

◆ Permanent Mailing Address (if same as above, check this box  and skip to next item)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

**Check the email address that you prefer us to use for communication about your application**

◆ UM/MC Student Email Address \_\_\_\_\_

◆ Personal Email Address \_\_\_\_\_

**(CONTINUED ON NEXT PAGE)**

## ALL Colleges / Universities Attended

- ◆ **REQUIRED: an UNofficial transcript from each college/university attended.**
- ◆ **LIST ALL colleges/universities you have ever attended, including town and state located.**

College / University + City & State: \_\_\_\_\_

College / University + City & State: \_\_\_\_\_

College / University + City & State: \_\_\_\_\_

College / University + City & State: \_\_\_\_\_

## Upcoming Courses

*Only if they don't appear on your transcript(s)*

(**Example:** TERM TAKING: Summer 2023 SUBJ: WRIT CRSE# 121)

SCHOOL_____	TERM TAKING_____	SUBJ _____	CRSE#_____
SCHOOL_____	TERM TAKING_____	SUBJ _____	CRSE#_____
SCHOOL_____	TERM TAKING_____	SUBJ _____	CRSE#_____
SCHOOL_____	TERM TAKING_____	SUBJ _____	CRSE#_____
SCHOOL_____	TERM TAKING_____	SUBJ _____	CRSE#_____
SCHOOL_____	TERM TAKING_____	SUBJ _____	CRSE#_____
SCHOOL_____	TERM TAKING_____	SUBJ _____	CRSE#_____

## Medical Work Experience (Paid or Voluntary)

◆ Your Job Title		◆ Credential if any	
◆ Organization Name & Address			
◆ Organization Address, City, State			
◆ Your Supervisor's Name & Position Title			
◆ Supervisor's Email Address & Phone#			

◆ Time Period Worked (start & end dates)		◆ Number of Hours Worked Per Week	
◆ Job Responsibilities:			
<hr/>			
◆ Your Job Title		◆ Credential if any	
◆ Organization Name & Address			
◆ Organization Address, City, State			
◆ Your Supervisor's Name & Position Title			
◆ Supervisor's Email Address & Phone#			
◆ Time Period Worked (start & end dates)		◆ Number of Hours Worked Per Week	
◆ Job Responsibilities:			
<hr/>			
◆ Your Job Title		◆ Credential if any	
◆ Organization Name & Address			
◆ Organization Address, City, State			
◆ Your Supervisor's Name & Position Title			
◆ Supervisor's Email Address & Phone#			
◆ Time Period Worked (start & end dates)		◆ Number of Hours Worked Per Week	
◆ Job Responsibilities:			

## Non-Medical Work Experience Form

**General Work Experience** (this section would include “pertinent life experience”)

◆ Your Job Title		◆ Credential if any	
◆ Organization Name & Address			
◆ Organization Address, City, State			



◆ Your Supervisor's Name & Position Title			
◆ Supervisor's Email Address & Phone#			
◆ Time Period Worked (start & end dates)		◆ Number of Hours Worked Per Week	
◆ Job Responsibilities:			
◆ Your Job Title		◆ Credential if any	
◆ Organization Name & Address			
◆ Organization Address, City, State			
◆ Your Supervisor's Name & Position Title			
◆ Supervisor's Email Address & Phone#			
◆ Time Period Worked (start & end dates)	◆ Number of Hours	Worked Per Week	
◆ Job Responsibilities:			
◆ Your Job Title		◆ Credential if any	
◆ Organization Name & Address			
◆ Organization Address, City, State			
◆ Your Supervisor's Name & Position Title			
◆ Supervisor's Email Address & Phone#			
◆ Time Period Worked (start & end dates)		◆ Number of Hours Worked Per Week	
◆ Job Responsibilities:			

## Respiratory Care Job Shadow Form

**You must have this form with you upon arrival at the facility or you will be asked to reschedule at a later date. Please be prepared!**

- **Complete this form in its entirety prior to leaving facility** where your Job Shadow requirement takes place so that any questions you may have can be answered.
- This exercise is intended cover no more than a four (4) hour time span.
- Upload this form for inclusion with your online application into the Respiratory Care Program.
- **\*\*\*Your application will be considered incomplete without the inclusion of this form.\*\*\***

*Please complete legibly.*

**Student Name** (please print) \_\_\_\_\_ **Observation Date** \_\_\_\_\_

**Observation Facility** \_\_\_\_\_ **Total # of observation hours** \_\_\_\_\_

**THERAPIES / PROCEDURES OBSERVED:**


**RESPIRATORY THERAPIST:**

**Printed Name**

\_\_\_\_\_

**Signature**

\_\_\_\_\_