

FRANCISTUTTLE

Application Packet

Respiratory Care

FA2023-SP2024

Effective 8/1/23 – 7/31/24

**Submit Application to Career
Planning Center**

Francis Tuttle Health Sciences Center
12777 N. Rockwell Avenue
Oklahoma City, OK 73142
www.francistuttle.edu
(405) 717-4900

**OKLAHOMA CITY COMMUNITY COLLEGE – FRANCIS TUTTLE TECHNOLOGY CENTER
RESPIRATORY CARE THERAPIST PROGRAM**

ADMISSION GUIDELINES AND PROCEDURES

PROGRAM DESCRIPTION AND GENERAL GUIDELINES

The Respiratory Care Therapist Associate in Applied Science Degree is a contractually sponsored program offered by Oklahoma City Community College and Francis Tuttle Technology Center. The general education, science, and mathematics courses are completed at Oklahoma City Community College. Students then make application for the professional program which consists of respiratory theory, laboratory practice, and clinical experience. The program has a selective admissions process, as often there are more applicants than available student positions. The twelve-month RC component is full-time with required attendance Monday-Friday. Classroom instruction days are scheduled from 8:00 am to 3:00 pm with two days per week (on average) of eight (8)-hour clinical days, or a twelve (12)-hour clinical day.

Respiratory care students are required to participate in clinical rotations and, therefore, are subject to the policies and requirements of the clinical facilities related to criminal history, drug screening, and physical/immunization requirements to include the COVID-19 vaccination. Immunizations requirements must be complete by set deadline to meet entrance requirements for the program. Graduates are subject to these same standard requirements when applying for a license as a Respiratory Care Practitioner in Oklahoma.

Prospective applicants should review the application package thoroughly in order to understand all of the requirements for admission and successful completion. The program has a rigorous curriculum, required attendance hours, and high academic performance standards to meet for successful program progress and completion.

Applicants will be admitted to the Respiratory Care Program on a bi-annual basis with a class of up to twenty (20) students being admitted in June and January each year. Upon admission to the Respiratory Care program, students will continue to enroll in their RC courses through OCCC, and receive financial aid through the OCCC financial aid office.

Students must complete all required general education courses at Oklahoma City Community College before beginning the respiratory program at the Francis Tuttle campus. The required courses for degree completion are listed in the degree plan in the college catalogue and included in this application packet. It is not feasible to take additional courses during enrollment in the respiratory program due to the rigor of the curriculum and demanding full-time schedule. Completion of all courses at OCCC prior to admission to the respiratory program allows the student to graduate following completion of the respiratory curriculum and immediately take the national credentialing examinations. Completion of the credentialing process makes the graduate eligible for a standard Oklahoma Respiratory Care Practitioners License.

APPLICATION PROCEDURE

Applicants should submit all required documents according to the Step-by-Step Admissions Process guidelines contained within this packet and according to the following timeline:

<u>Program Start Date</u>	<u>Application Deadline</u>	<u>Notification Date</u>
January	September 29 th	October 14 th
June	March 1 st	March 15 th

Initially, students will be accepted from applications received by the deadline. If there are still student slots remaining, they will be filled from applications submitted after the deadline. There will be up to twenty student slots per class.

All applicants will be notified by mail as to their admission status. Qualified applicants not accepted will remain on a ranked waiting list until the first day of class in order to fill any openings in the class which may occur.

MINIMUM ACADEMIC CRITERIA FOR ADMISSION

Applicants must be 18 years of age or older and a student in good standing at Oklahoma City Community College.

GPA

Applicants must have a cumulative retention GPA of at least 2.0. This includes all college level coursework completed at an accredited college or university.

Course Requirements

At the time of application, applicants must have completed with a passing grade, or be currently enrolled in all of the courses listed below. Courses must be completed prior to starting the Respiratory Care program. Courses denoted with an asterisk must have been completed with a final grade of "C" or better.

- BIO 1314 Human Anatomy and Physiology I *
- BIO 1414 Human Anatomy and Physiology II *
- ENG 1113 English Composition I
- MATH 1483 Functions and Modeling OR *
- MATH 1503 Contemporary Mathematics *
- PSY 2233 Ethics in Health and Human Services*
- RC 1132 Introduction to Respiratory Care *
- RC 1343 Cardiopulmonary Anatomy and Physiology *
- ENG 1123 English Composition II or an equivalent Communications course
- HIST 1483 US History to the Civil War
or HIST 1493 US History Since the Civil War
- POLSC 1113 American Federal Government
- SOC 2143 Race and Ethnicity in the U.S.
- SCL 1001 Success in College and Life
- CHEM 1103 Chemistry Around Us

NON-ACADEMIC ADMISSION REQUIREMENTS

Considerations Affecting Admission of First-Time or Transfer Students

If, during evaluation of the applicant's file, there is an indication that the applicant has previously been the subject of disciplinary action, failure, or dismissal from any educational institution or professional program, the program director may require documentation of pertinent information. This may include contacting an administrative representative of the professional program. Factors include:

- Whether the applicant has been expelled, suspended, or denied admission by any other educational institution or professional program
- Whether the applicant's previous conduct as a student has been such that it would have been grounds for expulsion, suspension, dismissal, or denial of readmission to the educational institution or professional program

Considerations Affecting Readmission of Previously Withdrawn Students

- Reason for withdrawal (academic, disciplinary, personal, attendance)
- Actions taken to remediate deficiencies
- Faculty recommendation

Admissions of Persons with a Criminal History

The Respiratory Care Program has special guidelines related to admission of individuals who have a criminal history or evidence of misconduct related to professional performance such as withdrawal of a license. This is due to contractual agreements with the clinical facilities that provide student rotations. The clinical facilities allow students admission to their facility at their discretion and all information related to criminal history is shared with these clinical partners.

The director of the program will consider, on an individual basis, admission of an applicant who has been arrested or convicted of a crime. Applicants that are currently on parole or probation are not eligible for admission. Applicants who have been found to be guilty of government fraud are not eligible for admission as they are prohibited from providing patient care at the clinical sites.

The applicant must complete the "Affirmation of Criminal History Background Check Procedures and Self-Disclosure Statement and Release of Information" form and submit it with a current completed, original OSBI criminal history report. Current is defined as within six months of the student's start date in the program. The OSBI report must be a Name-Based search that includes the Sex Offender and Mary Rippy Violent Offender database search. Upon provisional acceptance to the program, a link will be provided for students to complete an additional in-depth background check as required by the clinical rotation sites. This will include checks of several national databases, county criminal court records, and verification of licensing and work history.

Physical Examination, Immunizations, and CPR

Upon provisional acceptance, students will be required, at their expense, to submit documentation of good health, and meet immunization requirements as established by the clinical rotation sites, which includes the COVID-19 vaccination. Part of provisional acceptance includes taking a drug screening test – with negative results – from a designated testing facility. A link to schedule the drug test will be provided via email upon acceptance. Please note: while medical marijuana is legal in the State of Oklahoma, it is not accepted in healthcare or in any of the Health Sciences Center programs at Francis Tuttle Technology Center. A positive test for marijuana will result in the student's loss of eligibility to

remain in a Health Sciences Program. A Basic Life Support Healthcare provider, CPR certification from the American Heart Association must be obtained and a copy of the certification provided.

Students should carefully review the information related to physical job requirements for a respiratory therapist. These requirements include: assisting with moving patients, frequent lifting of up to 30 pounds, continuous walking and use of stairs, wearing personal protective equipment including a lead apron while standing for a prolonged time period, reading digital displays on monitoring devices from a distance of eight feet or greater, hearing and responding to audible instructions. Students unable to perform the physical duties of a Respiratory Care Practitioner would be unable to complete clinical coursework and therefore unable to complete the program.

STUDENT SELECTION

Respiratory Care students will be selected from the pool of applicants who submit a completed application by the published application deadline. Students will be selected based on the criteria outlined below.

Applicants will be ranked for admission based upon preference points. Applicants with the same number of preference points will then be ranked based on college cumulative retention GPA. There is a total of sixteen (17) preference points available.

PREFERENCE POINTS

GRADE POINT AVERAGE (GPA) – one of the following categories:

- Cumulative College Retention GPA of 3.00 – 3.49 5 points
- Cumulative College Retention GPA of 3.50 – 4.00 10 points

COURSE GRADES

Students will receive one preference point each for achieving a final grade of “A” in the following courses:

- BIO 1314 Human Anatomy and Physiology I
- BIO 1414 Human Anatomy and Physiology II
- MATH 1483 Functions and Modeling OR
- MATH 1503 Contemporary Mathematics
- PSY 2233 Ethics in Health and Human Services
- RC 1132 Introduction to Respiratory Care
- RC 1343 Cardiopulmonary Anatomy and Physiology

Students will receive one preference point for achieving a final grade of “C” or higher in the following course:

- AHP 1013 Medical Terminology

ACADEMIC PREPARATION

Courses will be initially counted as “completed” if they are transcribed with a grade, or the student is shown as enrolled for the current semester. Applicants will be “provisionally accepted” when currently enrolled in required courses. The “provisionally accepted” student who does not receive credit or required grade at the end of the semester for all required prerequisite courses will not be allowed to begin the program and must reapply for admission for the next scheduled admission date.

NONDISCRIMINATION POLICY

Francis Tuttle is in compliance with Title VII of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, Title IX of the Education Amendments of 1972, Americans with Disabilities Act, and other federal and state laws and regulations and shall not discriminate with regard to race, color, religion, gender, national origin, age, marital status, veteran status, or disabilities. This policy is followed in the operation of its education programs and activities, recruitment, admissions, employment practices and other educational services.

Inquiries concerning application of this policy may be directed to either the Human Resources Director or the Deputy Superintendent/COO, who both serve as Coordinator of Title IX and Section 504 responsibilities for all campuses of Francis Tuttle, 12777 North Rockwell Avenue, Oklahoma City, Oklahoma 73142, telephone 405.717.7799.

Jason Brunk, Executive Director Human Resources

405.717.4233

and/or

Jaared Scott, Deputy Superintendent/COO

405.717.4256

**Oklahoma City Community College Respiratory Care Therapist AAS Degree
CONTRACTUAL AGREEMENT WITH FRANCIS TUTTLE TECHNOLOGY CENTER**

Suggested Francis Tuttle RC Program Course Sequence – June Admission Date

COURSE #	COURSE TITLE	CREDIT HOURS
SUMMER SEMESTER – FIRST YEAR (JUNE)		
BIO 1314	Human Anatomy and Physiology I	4
ENG 1113	English Composition I	<u>3</u>
		7
FALL SEMESTER – FIRST YEAR (AUGUST)		
CHEM 1103	Chemistry Around Us	3
BIO 1414	Human Anatomy and Physiology II	4
HIST 1483	U.S. History to the Civil War, <i>or</i>	
HIST 1493	U.S. History Since the Civil War	3
ENGL 1213	English Composition II <i>or</i> Communications	3
MATH 1483	Functions and Modeling, <i>or</i>	
MATH 1503	Contemporary Mathematics	<u>3</u>
		16
SPRING SEMESTER – FIRST YEAR (JANUARY)		
POLSC 1113	American Federal Government	3
PSY 2233	Ethics in Health and Human Services	3
SOC 2143	Race and Ethnicity in the U.S.	3
SCL 1001	Success in College and Life	1
RC 1132	Introduction to Respiratory Care	2
RC 1343	Cardiopulmonary Anatomy and Physiology	<u>3</u>
		15
SUMMER SEMESTER – SECOND YEAR (JUNE)		
RC 2114	Basic Respiratory Therapy Procedures and Lab	4
RC 2222	Respiratory Pathology and Pharmacology	<u>2</u>
		6
FALL SEMESTER – SECOND YEAR (AUGUST)		
RC 2314	Advanced Respiratory Therapy Procedures and Lab	4
RC 2322	Diagnostics and Outpatient Services	2
RC 2352	Pediatric and Neonatal Respiratory Care	2
RC 2364	Clinical Application of Respiratory Therapeutics I	<u>4</u>
		12
SPRING SEMESTER – SECOND YEAR (JANUARY)		
RC 2124	Critical Care Respiratory Therapy	4
RC 2524	Respiratory Care Advanced Practice	4
RC 2534	Clinical Application of Respiratory Therapeutics II	<u>4</u>
		12
TOTAL CREDIT HOURS		68
OCCC	38 Credit Hrs	
Francis Tuttle	30 Credit Hrs	

**Oklahoma City Community College Respiratory Care Therapist AAS Degree
CONTRACTUAL AGREEMENT* WITH FRANCIS TUTTLE TECHNOLOGY CENTER**

Suggested Francis Tuttle RC Program Course Sequence – January Admission Date

COURSE #	COURSE TITLE	CREDIT HOURS
SPRING SEMESTER – FIRST YEAR (JANUARY)		
BIO 1314	Human Anatomy and Physiology I	4
ENGL 1113	English Composition I	3
CHEM 1103	Chemistry Around Us	3
HIST 1483	U.S. History to the Civil War, <i>or</i>	
HIST 1493	U.S. History Since the Civil War	3
MATH 1483	Functions and Modeling <i>or</i>	
MATH 1503	Contemporary Mathematics	<u>3</u>
		16
SUMMER SEMESTER – FIRST YEAR (JUNE)		
BIO 1414	Human Anatomy and Physiology II	4
ENGL 1213	English Composition II <i>or</i> Communications	<u>3</u>
		7
FALL SEMESTER – FIRST YEAR (AUGUST)		
POLSC 1113	American Federal Government	3
PSY 2233	Ethics in Health and Human Services	3
SOC 2143	Race and Ethnicity in the U.S.	3
SCL 1001	Success in College and Life	1
RC 1132	Introduction to Respiratory Care	2
RC 1343	Cardiopulmonary Anatomy and Physiology	<u>3</u>
		15
SPRING SEMESTER – SECOND YEAR (JANUARY)		
RC 2114	Basic Respiratory Therapy Procedures and Lab	4
RC 2314	Advanced Respiratory Therapy Procedures and Lab	4
RC 2364	Clinical Application of Respiratory Therapeutics I	<u>4</u>
		12
SUMMER SEMESTER – SECOND YEAR (JUNE)		
RC 2222	Respiratory Pathology and Pharmacology	2
RC 2322	Diagnostics and Outpatient Services	2
RC 2352	Pediatric and Neonatal Respiratory Care	<u>2</u>
		6
FALL SEMESTER – SECOND YEAR (AUGUST)		
RC 2124	Critical Care Respiratory Therapy	4
RC 2524	Respiratory Care Advanced Practice	4
RC 2534	Clinical Application of Respiratory Therapeutics II	4
		12
TOTAL CREDIT HOURS		68
OCCC	38 Credit Hrs	
Francis Tuttle	30 Credit Hrs	

**OKLAHOMA CITY COMMUNITY COLLEGE – FRANCIS TUTTLE TECHNOLOGY CENTER
RESPIRATORY CARE THERAPIST PROGRAM**

STEP BY STEP ADMISSIONS PROCESS

STEP 1	Oklahoma City Community College (OCCC) Student Status – Apply for admission to OCCC if not already a current student. Ensure that you are a student in good standing, which includes the absence of any holds or academic probation.
STEP 2	Assessment – Work with the HEALTH advisement staff at OCCC to determine which general education courses are needed to meet the degree requirements for the Respiratory Care Therapist AAS degree. The Respiratory Care Program Director is available during office hours at OCCC for advisement, or by email. Crystal.cospers@francistuttle.edu or crystal.k.cospers@occc.edu .
STEP 3	Complete all general education courses with a cumulative retention GPA of 2.0 or greater and a minimum grade of “C” in designated required courses.
STEP 4	<p>Make application to the Respiratory Care Program at Francis Tuttle Technology Center by completing all forms in the application packet and submitting them along with other required documents to the Career Planning Center, at Francis Tuttle Technology Center.</p> <p>Forms:</p> <ul style="list-style-type: none"> • Francis Tuttle Application Form • Affirmation of Criminal History Background Check Procedures • Respiratory Care Therapist Admission Request Form <p>Required Documents:</p> <ul style="list-style-type: none"> • Current official Oklahoma City Community College Transcript. The transcript must show all required college courses completed with minimum acceptable grades or higher, and a cumulative retention GPA. • Official transcript from any college courses completed with minimum acceptable grades or higher, and a cumulative retention GPA. • Official transcript from any college attended other than Oklahoma City Community College. • Completed OSBI background check
STEP 5	<p>Submit all documents to: Francis Tuttle Technology Center Career Planning Center – Application Processing Office 12777 North Rockwell Avenue Oklahoma City, OK 73142</p>

FRANCIS TUTTLE

TECHNOLOGY CENTER

ADULT APPLICATION FOR ADMISSION 2024-2025

PERSONAL INFORMATION Complete all pages — please print. Date of Application: _____

Legal Name: _____
(Last) (First) (Preferred First Name) (MI)

Mailing Address: _____
(Street) (Apt)

(City) (State) (ZIP) (County)

E-mail: _____ Primary Phone: _____

Work Phone: _____ Cell Phone : _____ May we text you at this number? Yes No

Social Security #: _____ Birthdate: Month _____ Day _____ Year _____

Ethnicity (Optional)

Are you Hispanic or Latino? Yes No Please mark all that apply: Gender: Male Female Other

- American Indian/Native Alaskan Black, or African American
 Hawaiian/Pacific Islander Asian White, not of Hispanic origin

Educational History

Do you have a high school diploma or GED? Yes No Have you attended Francis Tuttle before? Yes No Year(s)? _____
 If under a different name, please list: _____

Highest education level achieved:

- Less Than a High School Diploma Some College, No Degree Associate's Degree Master's Degree
 High School Graduate/GED Technical Diploma Bachelor's Degree Doctorate Degree

List all colleges/tech centers you've attended: _____

Do you have previous related training or education that you would like evaluated for advanced standing credit? Yes No

Emergency Contact Information

Contact 1

Name _____
 Relationship to you _____
 Phone (H) _____ (W) _____
 Cell Phone _____

Contact 2

Name _____
 Relationship to you _____
 Phone (H) _____ (W) _____
 Cell Phone _____

Miscellaneous

Have you ever been convicted of a felony? Yes No

If yes, in what state(s) did you receive this conviction(s)? _____
 Background check will be required in any/all states in which a felony conviction was received. For felony convictions in Oklahoma, form available at www.ok.gov/osbi. Please include a written statement.

Have you ever been dismissed from another educational institution for disciplinary action? Yes No If yes, please explain _____

Are you a U.S. citizen? Yes No If no, what is your country of citizenship? _____

Consent to Receive Automated Messages

Francis Tuttle Technology Center may use automated messages to communicate with our students regarding enrollment and attendance. If you do not want to be contacted, please check the box.

Opt-out

FRANCIS TUTTLE USE ONLY

Name _____

Major accepted in _____

This a Project BUILD application

FT AM PM EV

FTID # _____

Notice:

Completion of this application by itself does not constitute admission to Francis Tuttle Technology Center or placement on a waiting list for a program that may be full at the time application is made.

PROGRAM AREAS

Health Sciences Rockwell Campus (NW 122nd & Rockwell)

Practical Nursing*

Respiratory Care*

Both Health Science Programs are Full Time Daytime Programs

Admission into Health Sciences programs, requires submission of additional documents. Application checklist available online.

* State licensing agencies require documentation for U.S. citizenship for licensure in this area.

TUITION INFORMATION

Tuition Payment and Financial Aid

Note: Financial aid is not provided for the online programs.

Federal Student Aid and State Grants are not available to any program except Practical Nursing.

Will you be applying for Next Step Scholarship? Yes No

To receive the Next Step Tuition-Waiver Scholarship, you must complete the Next Step Tuition Waiver application:

You may download an application at: <https://www.francistuttle.edu/sites/default/files/2021-03/Next%20Step%20Application-2021.pdf>

If applying for the Next Step Tuition-waiver scholarship, please list the name of your high school:

Are you a Veteran? Yes No

Have you resided in Oklahoma for the past 12 months? Yes No

*Next Step Tuition-Waiver Scholarship

Through this program, new adult students who begin a Career Training Program prior to their 21st birthday will receive a tuition waiver for one field of study. Scholarship recipients will be required to pay for books, clothing and any other materials or fees required by that Career Training Program.

Qualifying Criteria:

- Applicant must submit a Next Step Tuition Waiver application and proof of high school graduation to the Financial Aid Office.
- Applicant must have a diploma from one of Francis Tuttle Technology Center's partner schools, or have lived within the Francis Tuttle Technology Center school district upon high school graduation.
- Applicant must start their Career Training Program before their 21st birthday.
- Many program openings are filled on a "competitive basis." Students must qualify for program openings under the same standards and criteria as all other students.

For additional scholarship opportunities, check out our website,
<https://www.francistuttle.edu/admissions-costs/financial-aid/types-aid/scholarships>

Veteran Scholarship
www.francistuttle.edu/scholarships

Tuition Adjustments for Withdrawals (*Not applicable to Respiratory Care applicants*)

Students who withdraw, prior to the last one-fourth (1/4) of their career major, are only responsible for paying for the hours they were scheduled to attend prior to their withdrawal.

There will not be tuition adjustment for students withdrawing in the last one-fourth (1/4) of their career major.

There is not a tuition adjustment for early completion.

For more information regarding financial aid and scholarships, please contact the Financial Aid Office at **405.717.4315** or via email at **finaid@francistuttle.edu**. For more information on tuition payment options, please contact the Cashier at **405.717.4224** or via email at **contact@francistuttle.edu**.

Financial Aid Students: If a student completely withdraws from school, the school must calculate according to a specific formula the portion of the total scheduled financial assistance he or she has earned and therefore is entitled to receive up to the time of withdrawal. The portion of the federal grants the student is entitled to receive is calculated by comparing the number of hours the student was scheduled to complete in the payment period to the total number of hours in the payment period. Once a student has been scheduled to complete more than 60% of a payment period, he or she has earned all aid for that period. If a student has not been scheduled to complete more than 60% of a period, that student may owe funds back to the federal program. Francis Tuttle will also return to the Title IV Programs the percentage of unearned tuition of students who do not complete more than 60% of a period.

Admissions Agreement

I certify that all information given here is complete and correct to the best of my knowledge. I understand that submission of false information or academic records is grounds for denial of admission or immediate suspension. I agree to submit all required credentials, including those specifically mentioned, and that failure to do so may result in my being denied admission.

I further agree that upon admission to Francis Tuttle, it is my responsibility to read the Francis Tuttle student handbook and abide by its rules and regulations regarding conduct and other obligations which have been made by properly constituted authorities.

Payment of Tuition Agreement

I understand that I am fully responsible for payment of tuition at Francis Tuttle Technology Center. It is my responsibility to obtain the necessary documents from my funding agency each semester and to be aware of the amount of those funds. In the event that my funding agency does not pay for tuition and other expenses for my program, I understand that I must pay those expenses from my personal funds.

Release of Information

I, do do not give permission/consent to Francis Tuttle Technology Center to release academic and personal information (for example, grades, educational progress, or attendance records) from school files and sources to an inquiring school or agency.

I understand that completing this form with written consent (signature) releases Francis Tuttle Technology Center and any person or persons connected with Francis Tuttle Technology Center from any and all liabilities of student confidentiality relating to any information described above which is given to the inquiring school or agency.

Adult Model Release and Consent to Use Name and Picture

I do do not give permission/consent to use my name and photograph or photographs for advertising and promotional purposes in the interest of Francis Tuttle, and/or its designates.

I understand that this consent extends to photographs and electronic images of myself, which may be used in printed materials, television and video productions, web sites, CD ROMs or other technologies. Any use of my image will relate to the school and its activities only. I also understand that I will receive no compensation for use of my picture and/or name.

I HAVE READ, DO UNDERSTAND, AND WILL ABIDE BY ALL OF THE POLICIES IN THIS APPLICATION.

APPLICANT'S SIGNATURE

TODAY'S DATE

**To review Francis Tuttle's crime and safety report, please visit
<https://www.francistuttle.edu/about/consumer-information/campus-safety>.
For a hard copy of the report, please contact (405) 717-4315.**

Nondiscrimination Policy

It is the policy of Francis Tuttle not to discriminate with regard to race, color, religion, gender/sex, national origin, age, marital or veteran status, or disabilities. This policy shall be followed in the operation of its educational programs and activities, recruitment, admissions, employment practices and other educational services. Inquiries concerning application of this policy may be directed to the Human Resources Director, who serves as the Coordinator of Title IX; Section 504; and Americans with Disabilities Act for all campuses, at 12777 N. Rockwell, Oklahoma City, OK 73142-2789, (405) 717-7799.

RESPIRATORY CARE PROGRAM – APPLICANT CHECKLIST

Applicant’s Name (printed): _____ Date: _____

Directions: You are responsible for submitting all required documents with this checklist, so that your application packet is complete. Please initial each line before you submit all required documents to the Health Sciences Advisor in the Career Planning Center (CPC) on the Rockwell campus. **Incomplete application packets will not be considered for acceptance.** It is the applicant’s responsibility to ensure that a complete packet has been submitted.

Applicant Initials	CPC Check	Documents REQUIRED from all Applicants
_____	<input type="checkbox"/>	Francis Tuttle Adult Application for Admission form
_____	<input type="checkbox"/>	Criminal History Background Check forms and OSBI records: <input type="checkbox"/> OSBI record (no more than 6 months old as of acceptance date) <input type="checkbox"/> Affirmation of Criminal History Background Check (signed form)
_____	<input type="checkbox"/>	Respiratory Care Therapist Admission Request Form
		<u>International Students Only:</u>
_____	<input type="checkbox"/>	True copy of Alien Status Card signed & dated
_____	<input type="checkbox"/>	Copy of current VISA or Passport & BCIS number
		<u>Preference Point Documentation:</u>
_____	<input type="checkbox"/>	Oklahoma City Community College Official Transcripts
_____	<input type="checkbox"/>	Any official college transcripts not shown on the OCCC transcript

Applicant’s Signature: _____ Date Submitted: _____

OKLAHOMA CITY COMMUNITY COLLEGE – FRANCIS TECHNOLOGY CENTER

Respiratory Care Therapist Program

ADMISSION REQUEST FORM

Name: _____

Contact Phone Number: _____

Email Address: _____

Select the Respiratory Care class enrollment date for which you are applying by placing an “X” in the blank. Submit this page with the other documents.

January 2024 (September 29, 2023 Application Deadline)

June 2024 (March 1, 2024 Application Deadline)

In the event that there are more qualified applicants than available student slots, applicants will be admitted based on ranking using preference point totals, followed by cumulative retention college GPA.

All applicants will be notified of their admission status within two weeks following the application deadline. Applicants not accepted during the initial admission process will be maintained as alternates on a waiting list until the first day of class.

Please indicate by your signature below that you are aware of the following minimum eligibility requirements for the Respiratory Care Therapist Program.

- Cumulative retention GPA of 2.0 or greater
- Course grade of “C” or greater in designated courses
- Student in good standing at Oklahoma City Community College
- Completion of, or current enrollment in, the required general education course (refer to the admission procedure for a list of required prerequisites)
- Ability to meet the requirements of the program’s clinical affiliates related to criminal background history, good physical health, drug screening, CPR certification, and immunizations.

Applicant Signature

Date

FRANCIS TUTTLE TECHNOLOGY CENTER – HEALTH SCIENCES CENTER CRIMINAL HISTORY BACKGROUND CHECK PROCEDURES

The applicant is responsible for completing this process accurately by following the directions on page two and the instructions on the criminal history background request form.

PURPOSE STATEMENT

When considering adult applicants for admission into one of the professional Health Sciences programs, criminal history records are reviewed as they relate to the content and nature of the curriculum and the safety and security of patients and the public. In order to meet minimum requirements for admission, applicants must provide a criminal history background check (obtained not more than six months prior to the entrance date) to the school as required documentation for admission.

Applicants will provide a criminal background check for use by the school to evaluate eligibility of acceptance. This is required by clinical sites and may also be listed in the clinical contract. Disclosure of the record to the clinical site may be necessary for review, evaluation and approval.

A conviction/criminal history record does not necessarily disqualify an individual for admission. The record will be reviewed and evaluated by the program director and director of the department. An applicant will be required to repeat and re-submit a background check if it is older than six months at the time of admission to the program.

BACKGROUND CHECKS FOR CLINICAL SITES

Background checks on students are required by clinical sites to protect patients and the general public. They have the right to refuse placement of any student. The school and clinical sites reserve the right to require repeat background checks as deemed necessary.

The self-disclosure information form, background checks, and conviction records (whether in or outside the state of Oklahoma) may be provided to the clinical sites, as deemed necessary by the school or as required by the clinical site, during the period of enrollment in the academic program.

To receive a clinical placement, the student must comply with this requirement and all findings must be satisfactory according to the guidelines below.

CRIMINAL BACKGROUND CHECK AND SEX OFFENDER REGISTRY SUBJECT TO RESTRICTION FOR CLINICAL SITE PLACEMENT

Criminal history background records searches are acceptable only when:

- Conducted by the Oklahoma State Bureau of Investigation (OSBI); and/or
- Conducted by the authorized agency in the previous state of residence if the individual has resided in Oklahoma less than one year; and
- Conducted by the Oklahoma Department of Corrections Sex Offenders Registry files.

The clinical site may not allow any student to participate in clinical experiences with criminal history background check records that show the following:

- Any felony classified as a crime against the person.
- Any felony classified as a crime against public decency or morality.
- Any felony classified as domestic abuse pursuant to the provision of the Protection from Domestic Abuse Act.
- A felony violation of any statute intended to control the possession or distribution of a Schedule I through V drug pursuant to the Uniform Controlled Dangerous Substances Act.

- Any offense whereby the person is required to register pursuant to the Sex Offenders Registration Act.
- Any drug related offense.
- Any individual excluded by the Office of Inspection General (OIG) from a federal payer program.
- Any current charges pending disposition related to fraud, alcohol, drugs or crimes against persons

FURTHER DISCLOSURE

Some professional licensing, registration, or certification boards also require further information from individuals who have been convicted of a crime in connection with their determination of the eligibility of an application for licensure, registration, or certification; or even for the privilege of sitting for licensure, registration or certification examination.

DIRECTIONS

Applicants must obtain their “Name-based” records from the Oklahoma State Bureau of Investigation (OSBI) – cost is \$15. The Criminal History Request form for Oklahoma State residents is included in this document. It can also be obtained at www.ok.gov/osbi/Criminal_History/. A Sex Offender and Mary Rippey Violent Offender registry check are required as well—cost is \$2 each. Be sure to place an “X” in the appropriate checkbox of the “Type of Search Requested” box at the top of the form.

Attach the OSBI results to the completed required form: “Affirmation of Criminal History Background Check and Self-Disclosure Statement” (included in this document).

Applicants who have resided in Oklahoma less than one year must obtain their records from the authorized agencies in the previous state(s) of residence and attach them to the required form: “Affirmation of Criminal History Background Check and Self-Disclosure Statement” (cost varies).

International students are subject to the same criminal history review. It may be necessary for the student to contact his/her embassy, or utilize a commercial investigative service.

Submit the original copy of the OSBI check with the application for enrollment. An applicant's file will not be assessed for enrollment until these records have been submitted and the file is complete.

The only allowable exception to an original document is the submission of a “true copy” of the applicant’s OSBI background check submitted by another Oklahoma State agency. The copy must be noted as a copy of an original on file, signed by an appropriate agency employee and forwarded in a sealed official envelope. No background checks will be accepted by fax or electronic transmission.

FRANCIS TUTTLE TECHNOLOGY CENTER – HEALTH SCIENCES CENTER

AFFIRMATION OF CRIMINAL HISTORY BACKGROUND CHECK PROCEDURES AND SELF-DISCLOSURE STATEMENT AND RELEASE OF INFORMATION FORM

As an applicant to one of the professional Health Sciences programs, I affirm that I have read and understand the program's Criminal History Background Check Procedures, and

I fully understand that I may be denied admission to the program based upon an evaluation of records by authorized personnel, and

I understand that any clinical facility may deny my participation in clinical experiences based upon criminal background check records. If this occurs, I will be subject to dismissal from the program.

I understand that authorized school personnel are responsible to provide a copy of the criminal history background check records (and related course documents) to a clinical site for their review, if deemed necessary.

I understand that I am responsible to report any arrests and/or convictions that may occur after submission of my Criminal History Background Check to the program director. The program director may require another background check (at my expense), if deemed necessary.

I further understand that I am responsible for self-disclosure by completing this form by answering all questions completely and honestly. I understand that I will be subject to dismissal, if accepted to the program, if answers are found to be inaccurate. In addition, I understand that failure to report subsequent arrests or convictions may result in dismissal from the program.

Self-Disclosure Statement (Check either Yes or No)

- Do you have a current criminal charge that is pending? Yes No
- Have you ever had a criminal conviction, including a deferred sentence? Yes No
- Have you ever had a professional certification or license suspended or revoked? Yes No
- Are you currently on parole, probation, or a deferred sentence? Yes No
- Are you listed on any state's Sex Offenders Registration List? Yes No

Release of Information

My signature below indicates that I grant full permission, without recourse, for the use and release of information as necessary for the purpose explained.

Applicant Name/Signature

Signature

Date

Print Legal Name

Social Security #

Name of Program

Revised June 2019

OKLAHOMA STATE BUREAU OF INVESTIGATION

Criminal History Record Information Request
6600 North Harvey Place
Oklahoma City, OK 73116
(405) 848-6724
(405) 879-2503 FAX
<https://osbi.ok.gov/>

Type Of Search Requested:

- Name Based - \$15.00
- Sex Offender - \$2.00
- Mary Rippy Violent Offender - \$2.00
- State Fingerprint-based - \$19.00
* Must provide fingerprint card.
* Includes name based search.

DATE _____

Request Submitted via:

- Fax Mail In Person
- REQUESTS WILL BE RETURNED
IN THE MANNER RECEIVED.**

Mail requests should include postage-paid reply envelope.

Fax requests must include payment by credit card and a dedicated Fax Phone Line for return of completed search:

ACCEPTABLE FORMS OF PAYMENT: CASH CASHIER'S CHECK / MONEY ORDER

For Visa, MasterCard and Discover, security code is 3 digits on back of card.

- BUSINESS CHECK *No Personal Checks Accepted.*
- CREDIT CARD *For Amex, security code is 4 digits on front. These are the only cards accepted.*

CREDIT CARD # _____ EXPIRATION DATE _____ SECURITY CODE _____

CARD HOLDER _____

Please print the name of the individual card holder as it appears on the credit card.

CARD HOLDER SIGNATURE (REQUIRED) _____

REQUESTOR INFORMATION: (Type or print clearly in blue or black ink) Results will only be returned to the original requestor

REQUESTOR'S NAME _____ SIGNATURE OF REQUESTING PARTY _____

STREET ADDRESS _____

PHONE NUMBER _____ CITY _____ STATE _____ E-MAIL ADDRESS _____ ZIP _____

Requestors outside of the United States are strongly encouraged to provide an e-mail address for purposes of correspondence.

PURPOSE OF REQUEST _____

SUBJECT INFORMATION: (Type or print clearly in blue or black ink)

Forms with corrections made with white out or by striking through the fields in this section will not be processed.

NAME _____
LAST FIRST MIDDLE

ALIAS/MAIDEN NAME(S) _____
MAXIMUM OF THREE ALIAS NAMES PER REQUEST

DATE OF BIRTH _____ (MM/DD/YYYY). *If date of birth is unavailable, include exact age of subject.*

RACE _____ SEX _____ SOCIAL SECURITY NUMBER _____

SEARCH RESULTS (Please do not write in the spaces below):

Oklahoma State Bureau of Investigation
Computerized Criminal History

Oklahoma Department of Corrections
Sex Offender

Oklahoma Department of Corrections
Violent Offender

Unless fingerprint cards are provided, record information is furnished solely on the basis of name or description similarity with the subject of your inquiry.

For questions on the Sex Offender / Violent Offender Registry, please contact the Oklahoma Department of Corrections.