NorthWest Arkansas Community College

Health Professions Division

One College Drive
Bentonville, AR. 72712
(479) 619-4153

2013 Respiratory Therapy Application Packet and Checklist

This checklist is provided to assist you in your application to the Respiratory Therapy Program at NorthWest Arkansas Community College. Please complete each step of the admission process. Call the Health Professions Secretary (619-4153) if you have questions.

YOUR APPLICATION FILE MUST CONTAIN THE FOLLOWING INFORMATION IN ORDER TO BE CONSIDERED COMPLETE. IF YOUR FILE IS NOT COMPLETE, YOU WILL NOT BE CONSIDERED FOR ADMISSION.

**Items to be submitted to the Health Professions Division

____ 1. Respiratory Therapy Program Application Packet including:
- ____ Application
- ____ Licensure/Certification Form
- ____ Student Health, Physical Condition, and Disability Form
- ____ Physician Certification of Essential Functions and Physical Abilities; Physician Signature Required
- ____ English as a second language (ESL) ESL Students ONLY: Compass ESL Listening Test Results

____ 2. Course Substitution: Student must submit a Course Substitution request for each course whether equivalent or higher level that does not have the same name & number as the NWACC prerequisites. A Course Substitution form is attached and may be copied as required.

Prior to beginning clinical rotations (Summer of 2nd year), You will be required to create an account with CertifiedBackground.com and provide them with Immunization information (to include, MMR, Varicella, TB test & Hep B). They will do a Federal Criminal background check and a 10-panel drug screen. The cost of this account will be $122.00, paid by the student. Immunization fees vary; an estimated cost is up to $379.00. You will also be required to show proof of valid CPR for Healthcare Providers and proof of Health insurance.

**Items to be submitted to Registrar's Office:

____1. Application for Admission to the College (if not already enrolled at NWACC)

____2. Submit **official** college transcripts from all colleges attended. Transcripts must be sent directly from the Registrar's Office to NWACC Registrar's Office.

____3. Proof of Immunizations

Return all required forms in this packet to the Health Professions Division or Registrar's Office as indicated. Please submit as one packet.

Deadline to submit forms is the first Monday of June, 2013.

COMPLETE AND FILE ALL NECESSARY FINANCIAL AID APPLICATIONS WITH THE FINANCIAL AID OFFICE WELL IN ADVANCE OF THE BEGINNING OF THE SEMESTER. Submit Financial Aid Application to: Financial Aid Office, NWACC, 1 College Drive, Bentonville, AR 72712.

This is the approved document for RT Program admission and supersedes all other documents.

RESPIRATORY THERAPY PROGRAM

A. Curriculum for entrance into the program for fall 2013

1. The Respiratory Therapy degree program consists of 28-29 hours of general education courses and 53 hours of Respiratory Therapy core courses for a total of 81-82 credit hours in the Associate of Applied Science (A.A.S) degree in Respiratory Therapy.

2. A grade o**f "C" or above** in all required courses is necessary in order to enter and to complete the program.

3. All prerequisite courses must be completed by the end of the summer I semester 2013 of application for the RT program. Following is a list of the prerequisites:

BIOL	2214	Anatomy & Physiology I
BIOL	2224	Anatomy & Physiology II
MBIO	2014	Microbiology
CISQ	1103	Intro in Computer Information **OR**
AHSC	1123	Electronic Health Records
ENGL	1013	English Composition I
AHSC	1001	Medical Terminology
MATH	1204	College Algebra **OR**
MATH	1003	Math for AAS

4. Following is a list of general education courses that may be taken as co-requisites

ENGL	1023	English Composition II **OR**
ENGL	2013	Technical Writing
PSYC	2003	General Psychology
MBIO	2014	Microbiology may be taken as a co-requisite

B. RT Program Admission Requirements

1. A student must meet NWACC admission criteria and the criteria for admission to the RT program. Students apply for the technical phase of the RT Program during the 2013 summer semester.

2. All prerequisite courses must be completed by the end of the 2013 summer I semester of application for the RT program. Official transcripts for credits being transferred from other colleges must be in the Registrar's Office before the application deadline.

3. All English as a second language (ESL) students seeking admission into program tracks in Health Professions are **required** to complete the **COMPASS ESL Listening Test.** The ESL listening test is a component of the COMPASS test which is a college placement and diagnostic test in mathematics, reading and writing skills in addition to the ESL placement component. Interested students can receive more information and/or schedule to take this test through the NWACC testing center. The ESL listening test is designed to assess a student's ability to understand Standard American English. **A level 4 score is required for ESL students seeking entrance into Health Professions Programs at NWACC.** The level 4 score indicates the ability to understand linguistically complex discussions, including academic lectures and factual reports. **All ESL students seeking career paths in health**

professions scoring below a level 4 are required to meet with the Program Director in their specific health professions career track for advisement and assistance in finding resources to enhance this necessary skill.

4. Complete the Application Packet and return the Application and required forms to the Health Professions Division by the **first Monday in June 2013.**

5. You will be taking the TEAS V (version 5.0) as part of the application process. **YOU MUST HAVE YOUR TEAS V TEST COMPLETED BY JUNE 14, 2013.** Please schedule your test as soon as possible. There are a set number of slots and they fill up fast.

   It is your responsibility to log onto www.atitesting.com to create an account, register, pay the $40 (non-refundable) for the TEAS V test, and then go to the NWACC testing center to take the test.

   a) **CREATE AN ACCOUNT**: Go to www.atitesting.com and click on CREATE AN ACCOUNT.
      - Fill out the form – and click on REGISTER
      - USER ID and PASSWORD - You will need to bring your Photo ID, ATI USER ID, ATI PASSWORD, and payment receipt with you at your testing time.

   b) **REGISTER FOR THE TEAS V**: Log in under your USER ID and PASSWORD
      - Click on REGISTER FOR TEAS
      - Click on TEAS
      - Choose your state and city – Arkansas & Bentonville
      - Choose your location – NWACC testing center
      - Look at the table and select the date and time of your choice by clicking on the red REGISTER button. **There are 4 hours scheduled to take the TEAS V test. Please arrive 15 minutes prior to your start time. If you arrive past your scheduled start time, you will not be able to test.**
      - Review your registration and then click CHECKOUT

   c) **TAKE YOUR TEST:** Go to the NWACC **Testing Center- 3rd floor of Student Center** at the date and time you selected to take your test. You will need to bring your Photo ID, ATI USER ID, ATI PASSWORD, and PAYMENT RECEIPT to the Testing Center. YOU MAY ONLY USE A PENCIL AND PAPER DURING THE TEST – NO CALCULATORS WILL BE USED.

This year we will be using the TEAS V. You may learn more about the TEAS V, including how to order the TEAS V study guide, and/or purchase practice tests, and/or check your previous score at this website: www.atitesting.com. The NWACC Library has study guides available for check-out.

The testing component of the application process is essential to maintain eligibility. Failure to take the TEAS V test or provide previous TEAS V scores will disqualify the applicant.

Requests for Testing Accommodations: All requests to use accommodations on the TEAS test must be approved by NWACC's Disability Resource Center (DRC). The DRC is located Student Center (Bentonville Campus) Room 114. Call or email to request an appointment at (479) 986-4076 or disability@nwacc.edu.

In order to use accommodations on the TEAS test, students who are currently using accommodations through the DRC must:

1) Complete the TEAS Accommodation Request Form available in the NWACC Testing Center at least five (5) business days in advance of your scheduled TEAS testing date.
2) Attach an original copy of your DRC Accommodation Letter to your Request Form. An additional copy for this purpose may be requested through the DRC.

Students who are NOT currently using accommodations through the DRC must:
1) Meet with a DRC professional staff member at least ten (10) business days before your scheduled TEAS test.
2) Provide appropriate documentation in support of the request in order to establish the existence of a disability and to enable staff to assess the reasonableness of the accommodations requested. Each request is evaluated on a case-by-case basis, and some may require more analysis and documentation than others. Please note that the approval of accommodations for this test does not result in the student being registered with the DRC for accommodations in their NWACC courses. You will be notified by NWACC email regarding the status of your request.
3) Once accommodations for the TEAS test have been approved, pick up the official printed TEAS Accommodation Memorandum from the DRC.
4) Complete the TEAS Accommodation Request Form available in the NWACC Testing Center at least five (5) days in advance of your scheduled TEAS testing date.
5) Attach the provided TEAS Accommodation Memorandum to your Request Form.

6. Final selection for students admitted will be made by the Respiratory Therapy Program Selection Committee. The Selection Committee has the right to make a final decision for student admission.

7. A copy of the selection process criteria is made available in this packet. The selection process is based upon a ranking system using points. The point system relates to grades in the required prerequisite courses and the TEAS test score.

8. Optional information meetings may be held during the spring semester. Notification of date, time and location will be sent to the applicant, or applicants may contact the RT Program Director by phone, email, or you can make an appointment to speak with the Health Professions academic advisor, Darcy Williams. Appointments can be made online thru My NWACC Connection or call her at 619-6684 or email her at djwillia@nwacc.edu.

9. Notification of acceptance or denial of admission into the technical phase of the RT Program will be mailed to the applicant via email within 4 business days of the due date for final grades for the 2013 summer I semester.

C. Tuition per semester credit hour and other costs:

Check the current college catalog for current registration tuition and fees (tuition and fees are subject to change). Books (for the professional core courses of the RT program) are approximately $1000.00. Lab coats, scrubs, name badge, and miscellaneous items cost approximately $200. Liability insurance is approximately $15.00 to $22.00 each summer semester. One lab course each semester will have a lab fee associated with it of approximately $35.00.

Prior to clinical rotation placement (Summer of 2nd year), you will be required to create an account with CertifiedBackground.com and provide them with Immunization information (to include, MMR, Varicella, TB test & Hep B-or declination waiver). They will do a Federal Criminal background check and a 10-panel drug screen. The cost of this account will be approximately $122.00, paid by the student. Immunization fees vary; an estimated cost is up to $379.00. You will also be required to show proof of valid CPR for Healthcare Providers

and proof of Health insurance. More information and instructions will be given during the 2nd year Spring semester.

D. **Due Date:**

. Official college transcripts, degree audit (if credit is from another college) and application packet with forms must be submitted by the **first Monday in June 2013** in order to be considered for acceptance into the RT class that begins in August 2013.

RESPIRATORY THERAPY

STUDENT APPLICATION AND SELECTION PROCESS

FLOW CHART

DATE:	**PROCESS:**
First Monday of June – Application deadline	RT Program Application and application materials due.
Third Monday in June	TEAS test scheduled and completed
Third week of June	Application file checked for completeness
Fourth week of June	Letter sent to applicant to inform applicant of missing information
First week of July	Applicant files reviewed by program director
Four days after grades were due in the Registrar's Office for summer I semester grades	Letters of notification sent to applicants.
Fall registration per catalog	Registration for fall classes as appropriate per program degree (pre-registration based upon acceptance to the program may occur)

RT SELECTION CRITERIA

Selection to the Respiratory Therapy Program is based on points achieved in the program prerequisites and the TEAS test as follows:

1. Grades for Science Prerequisites: 12 total possible points

   Points will be awarded for science prerequisites, which are Microbiology, Anatomy & Physiology I, and Anatomy & Physiology II, an A = 4; B = 3, C = 2.

2. General Education prerequisites: 12 total possible points

   Points will be awarded for general education prerequisite an A=3, B=2, C=1.

All prerequisites must be completed with at least a C.

3. TEAS test: 20 total possible points
   The reading and overall comprehensive scores of the TEAS test will be used in the selection scoring process. For example, if you have a score of 84 that will translate to 8.4 points.

   - If a student has taken the TEAS in a previous year, the highest earned composite percentile score may be used. Please note on the application if you took the **TEAS V** test in a prior year and will not be retesting.

You may apply to the program without completing all of the prerequisites. However, the more you complete the more points you will accumulate.

Enrollment is limited by class size: The Respiratory Therapy Program may only admit 16 students per year in August. The top ranked students will receive an invitation for admission into the Respiratory Therapy Program. If any of the students offered admission decline the invitation, applicants on the alternate list will be notified and offered a position beginning with the first alternate based on total points.

RELATED INFORMATION and REQUIREMENTS:
Student Records and Confidentiality:
The RT Program maintains all records in a confidential manner according to the Family Educational Rights and Privacy Act (FERPA) of 1974. See NWACC College Catalog for details.

Clinical Placement:
For students to be placed in the clinical setting for the clinical experiences and clinical internships, they must have and provide proof of immunizations, proof of health insurance, a criminal background check performed, a urine drug screen, annual TB skin test, and go through CPR Certification. Students must also follow other clinical facility policies. In addition, students may be required to go to health care institutions outside Northwest Arkansas for clinical internships at the student's expense.

NOTICE OF NONDISCRIMINATION:
NorthWest Arkansas Community College is committed to a policy of nondiscrimination involving equal access to education and employment opportunity to all regardless of sex, race, age, religion, color, national origin, handicap or veteran status. The Administration further extends its commitment to fulfilling and implementing the federal, state and local laws and regulations as specified in Title IX and Section 504 of the Rehabilitation Act and the Americans with Disabilities Act. NWACC provides services to allow persons with disabilities to participate in educational programs and activities. If you desire services, contact the Director of Disability Services or the Vice President for Learner Support Services.

HEALTH PROFESSIONS APPLICANT– Respiratory Therapy
SAMPLE SELECTION FORM

Name _____ Student ID#_____

Required Courses	**Hours**	**Grade**	**Points Earned**
SCIENCE PREREQUISITES			
BIOL 2214 Anatomy & Physiology I	4		
BIOL 2224 Anatomy & Physiology II	4		
MBIO 2014 Microbiology	4		
A=4 B=3 C=2		**TOTAL**	

GENERAL EDUCATION PREREQUISITES			
MATH 1003 Math for AAS **or** MATH 1204 College Algebra	3		
ENGL 1013 Eng. Composition I	3		
CISQ 1103 Introduction to Computer Information **or** AHSC 1123 Electronic Health Records	3		
AHSC 1001 Medical Terminology	1		
A=3 B=2 C=1		**TOTAL**	

TEAS TEST			
	Points Possible	Score	Points Earned
Reading	10		
Composite Profile	10		
		TOTAL	

Summary	**Points Possible**	**Points earned**
Science Prerequisites	12	
General Education Prerequisites	12	
TEAS Test	20	
Total Points	44	

ESL Student: Score on Compass ESL Listening Test: _____ (This score is not considered in the total points considered for admission, but an ESL student must earn a minimum of a 4 on the ESL Listening Test in order to meet all the requirements for admission and therefore be considered for admission.)

Student has been ___ Accepted
___ Provisional Acceptance
___ Denied

_____
Program Director Date

This form is a sample only. DO NOT return with your application packet.

NORTHWEST ARKANSAS COMMUNITY COLLEGE
HEALTH PROFESSIONS DIVISION
APPLICATION FOR ADMISSION

2013 RESPIRATORY THERAPY PROGRAM

NAME _____ Maiden name _____ Date _____

Student ID # _____

Address _____
street address apt. number city state zip code

Home phone _____ Work phone _____

NWACC E-mail address _____

Do you authorize the NWACC RT Program to notify you by the email address listed above regarding acceptance or denial into the program? **Check one of the following**:
_____ Yes, I give consent to NWACC RT Program to notify me regarding the status of my admission application via the above email address,
_____ No, I do not give consent to NWACC RT Program to notify me regarding the status of my admission application via email address, and I only consent to notification via the permanent physical address listed above.

Student Signature _____ Date: _____

Name and location of high school last attended _____
_____
Did you graduate? _____ When? _____ If not, have you taken the GED? _____
List date and location of your GED exam _____

Colleges previously attended (List in order, with the <u>most recent</u> first)

College name and location	Dates attended	Hours earned	Degree earned
1.			
2.			
3.			
4.			

Are you currently enrolled at NWACC? _____

How did you learn about the RT Program? _____
Are you an English as a second language (ESL) Student? Yes _____ No_____
(If yes, see ESL Requirement on page 3 of this application packet)

Please list any professional licenses, registrations and/or certificates you hold.

Type _____ State Issued _____ Date _____ No. _____ Verif. _____

_____ _____ _____ _____ _____

Have you had previous experience in the health field? _____ Please explain (include number of years)

_____

OPTIONAL

NWACC provides equality of opportunity to all students. Ethnic and profile information is **only** used to complete reports required by the government or accrediting agencies. Completion is optional.

_____ Age

_____ Black / African American (non-Hispanic)

_____ Asian / Pacific Islander

_____ Hispanic

_____ Native American / Alaskan Native

_____ White (non-Hispanic)

Other: _____

Items to be submitted to the <u>Health Professions Division</u>:

- ✓ Application to RT Program
- ✓ Licensure/Certification Form
- ✓ Student Health, Physical Condition, and Disability Policy/Form
- ✓ Physician Certification of Essential Functions and Physical Abilities
- ✓ Petition for Course Substitutions (if applicable)
- ✓ Compass ESL Listening Test Results (ESL students only)
- ✓ Health insurance, background check, and urine drug screen consent forms are to be submitted after acceptance into the program. Program faculty will inform you when these are to be submitted.

Return to: NWACC
Health Professions Division Room 2002
One College Drive
Bentonville, AR 72712

Items to be submitted to <u>Registrar's Office</u>:

- ✓ Application to NWACC (if not enrolled)
- ✓ Official College Transcripts
- ✓ Degree Audit Request(if needed)
- ✓ Immunization Records

Return to: NWACC
Registrar's Office
One College Drive
Bentonville, AR 72712

Signature Certification

I certify that the information given is complete to the best of my knowledge. I understand that submission of false information is grounds for denial of admission or immediate suspension if enrolled.

Student Name (Print) _____

Signature of Student _____ Date _____

NorthWest Arkansas Community College Health Professions Division
Licensure/Certification Form

INFORMATION REGARDING POSSIBLE PROHIBITION OF TAKING LICENSURE. REGISTRY, AND CERTIFICATION EXAMINATION FOR HEALTH PROFESSIONS STUDENTS

Individuals who have been convicted of a felony, have been involved with or convicted of illegal drug use or substance abuse, or who have been declared judicially incompetent, may not be allowed to sit for the examination leading to credentialing/licensure even with successful completion of the RT Program requirements. Graduates of the program would have to request permission to the licensing board. The licensing board may not grant the graduates request to sit for the licensure examination resulting in the inability to obtain a license and therefore the inability to practice as a Respiratory Therapy. Applicants who have any questions about their admissibility to the Health Professions programs may contact the Director of each department for further information.

Excerpt from the Medical Practice Act: 17-95-307. License eligibility.
No person shall be eligible to receive or hold a license to practice medicine or another health care profession issued by the Arkansas State Medical Board if the person has pleaded guilty or nolo contendere or has been found guilty of either an infamous crime that would impact his or her ability to practice medicine in the State of Arkansas or a felony, regardless of whether the conviction has been sealed, expunged, or pardoned.

Excerpt from the Medical Practice Act: 17-95-308. Waiver.
(a) The requirements of § 17-95-307 may be waived by the Arkansas State Medical Board upon the request of:
(1) An affected applicant for licensure; or
(2) The person holding the license subject to revocation.
(b) The board may consider the following circumstances when considering a waiver, including, but not be limited to:
(1) The age at which the crime was committed;
(2) The circumstances surrounding the crime;
(3) The length of time since the crime;
(4) Subsequent work history;
(5) Employment references;
(6) Character references; and
(7) Other evidence demonstrating that the applicant does not pose a threat to the health or safety to the public.

I have read and understand the above statement relating to licensure, registry, and certification.

* Please sign and return with your application to:

NorthWest Arkansas Community College
Health Professions Division
One College Drive
Bentonville, AR 72712
CHP Room 2002

_____
Student Name (Print)

_____ _____
Student Signature Date

_____ _____
Witness Signature Date

NorthWest Arkansas Community College
Health Professions Division
Clinical Placement

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* INFORMATION REGARDING POSSIBLE PROHIBITION OF SECURING CLINICAL PLACEMENT FOR CLINICAL COURSES.

Individuals who have been convicted of a felony, have been involved with or convicted of illegal drug use or substance abuse, been declared judicially incompetent, or receive a positive urine drug screen may not be allowed to attend the clinical component of the Respiratory Therapy Program. Failure to participate in a clinical rotation will result in failure to meet the clinical objectives and result in dismissal from the program subject to the student's right to appeal.

I have read and understand the above statement relating to clinical placement.

* Please sign and return with your application to:

NorthWest Arkansas Community College
Health Professions Division
One College Drive
Bentonville, AR 72712
CHP Room 2002

_____
Student Name (Print)

_____ _____
Student Signature Date

_____ _____
Witness Signature Date

NorthWest Arkansas Community College
Health Professions Division
Additional Clinical Placement Requirements

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* INFORMATION REGARDING POSSIBLE PROHIBITION OF SECURING CLINICAL PLACEMENT FOR CLINICAL COURSES.

Students will be required to carry health insurance throughout the clinical component of the RT Program, undergo a TB test, and provide proof of immunizations (MMR, TB and Varicella) in order to attend clinical courses. Students will also be required to provide a background check and urine drug screen upon acceptance into the RT Program but prior to clinical placement. The procedure will be provided to students following admission. Students who receive a positive urine drug screen may not be allowed to attend the clinical component of the Respiratory Therapy Program. Students who do not secure health insurance, receive a TB test, and provide proof of immunizations may also not be allowed to attend the clinical component of the RT Program. Failure to participate in a clinical rotation will result in failure to meet the clinical objectives and result in dismissal from the program subject to the student's right to appeal.

I have read and understand the above statement relating to clinical placement.

* Please sign and return with your application to:

NorthWest Arkansas Community College
Health Professions Division
One College Drive
Bentonville, AR 72712
CHP Room 2002

_____
Student Name (Print)

_____ _____
Student Signature Date

_____ _____
Witness Signature Date

Student Health, Physical Condition, and Disability

Students who are accepted into a Health Professions program must be able to perform all course related physical activities. A copy of the essential functions and physical tasks required for the program is included in this packet. **The student is required to have a physical and submit certification from a physician that the student is able to perform all of the related essential functions and physical tasks required for this profession. Proof of physical and the student's ability to perform the essential functions and physical tasks of a Respiratory Therapy is to be submitted with the application packet. A copy of the essential functions and physical demands is included for the student to take to the physician.**

In the event a student becomes pregnant, a written statement is required from a medical doctor stating that the physical exertion required during the course work and clinical work is not contraindicated. After the delivery, written notice is required from a medical doctor that releases the student to return to the normal course related activities of that particular program.

In the event of an extended (anything beyond three days) illness, injury, or surgery, two letters must be submitted by a medical physician. The first letter is due upon the onset and should state the problem, restrictions, and prognosis. The second letter should state fitness to return to normal course related activities and should be submitted prior to returning to the program.

The faculty and/or the advisory committee of individual programs reserve the right to make the final decision regarding a student's return to the program after a medical leave.

Students who are admitted to the Program <u>are required to submit proof of health insurance</u> before the clinical component of the program.

NWACC strives to provide reasonable accommodation as necessary to allow a student to be successful. If you have a documented disability that would require reasonable accommodation, please contact the Office of Disability Services.

Please sign and return with your application:

_____

Student Name (Print)

_____

Student Signature Date

_____

Witness Signature Date

PHYSICIAN CERTIFICATION OF ESSENTIAL FUNCTIONS AND PHYSICAL ABILITIES
RT ESSENTIAL FUNCTIONS AND PHYSICAL DEMANDS

Job Responsibilities: Respiratory therapists are specialized members of the health care team who evaluate, treat, and manage patients with pulmonary disorders ranging in severity from non-acute and chronic lung disease to life threatening emergencies. The patients treated by respiratory therapists range from premature infants to elderly persons. Some of these tasks may include, but are not limited to, delivering aerosolized medications, providing oxygen therapy, drawing blood for arterial blood gas analysis, establishing and managing mechanical ventilation, and cardiopulmonary resuscitation. Respiratory therapists may practice in a variety of settings including hospitals, rehabilitation centers, skilled nursing facilities, and home medical equipment companies.

Respiratory Therapist
076.361-014

Essential Functions and Physical Demands: In order to successfully perform the job of a RT, the following are required:

- Skills include: active listening, instructing others, reading comprehension, critical thinking, active listening, oral comprehension, oral expression, speech clarity, speech recognition, inductive reasoning, information ordering
- Physical abilities include: near vision, far vision, peripheral vision, speech clarity, manual dexterity, finger dexterity, arm-hand steadiness, sound localization, visual color discrimination
- Strength: exerting 20-50 pounds of force occasionally and/or 10-25 pounds of force frequently

NWACC strives to provide reasonable accommodation as necessary to allow a RT student to be successful. If you feel you would need accommodation, please contact the Office of Disability Services in the Life Development Center or 479-619-4384.

Dictionary of Occupational Titles. Available at: http://www.occupationalinfo.org/07/076361014.html. Assesses February 17, 2009

Occupational Information Network at: http://online.onetcenter.org/find/quick?s=Respiratory+Therapist&g=Go Accessed February 17, 2009

I certify that _____ *is able to perform the essential functions and physical*
(Student Name)

demands of a Respiratory Therapist.

Clinic Name _____
Physician Name Print _____
Address _____
Phone #: _____

Physician Signature _____*Date:*_____

NORTHWEST ARKANSAS COMMUNITY COLLEGE
Request for Course Substitution

Student Name _____ NWACC ID _____

NWACC Degree Seeking _____Ex. Associate of Arts, AAS – Nursing, AGS

Request:
☐ Please substitute a **transfer course** for a NWACC course required in my degree program.
An official transcript from the transfer school must be on file in the Records Office.

1. Transfer course institution: _____
example: Arizona State University

2. Transfer course information: _____
course # and name (example: ENG 103, English I)

3. NWACC course this should replace: _____
course # and name (example: ENGL 1013, English Composition I)

This substitution applies to: (please check one)

☐ this student only ☐all future students – add to course equivalency guide

☐ Please substitute a **different NWACC course** for a course required in my degree program

1. NWACC course information: _____
course # and name (example: MPAX 2901)

2. NWACC course/requirement this should replace:_____

_____
Course # and name/category (example: Include under Math/Science section for AS)

☐ Please use my Non-Traditional Learning Credit for a NWACC class:

1. Learning Experience Information: _____
You may attach additional sheets of information

All Signatures Required for Approval:

_____ _____
Student's Signature Date

_____ _____
Department Chair Date

_____ _____
Division Dean Date

Notes:

*Student Records Office will send an email to the NWACC student account after processing.

K: New K Drive/Student Support/Learner Services/Enrollment Management/Enrollment Services/Student Records/Records Private/Procedures Manual/Forms/Course Substitutions December 15, 2011

If you are transferring credits from another institution and/or want to determine if you have met the pre-requisite courses for the RT Program, you may request a degree audit.

A degree audit identifies the progress a student has made toward an NWACC degree plan and determines the specific credits that NWACC has awarded to a student from another institution.

There is no charge for a degree audit.

Who should request an audit? Students will want to request a degree audit **only** if they plan to receive a degree from NWACC. **When should a student request an audit?**

➢ If a student has completed coursework successfully at another institution or if a student believes that they are close to completing their degree requirements, they should request a degree audit.

➢ Before a degree audit can be completed; **official** transcripts from all institutions attended **must** be on file in the Student Records Office.

You may request a degree audit in any of the following ways:

1. **Obtain a Degree audit request form online go to learner services website at: http://www.nwacc.edu/LSS/Records.php,** then click on the ***degree audit link***

2. **Mail form to**: NWACC Student Records Office,
   One College Drive
   Bentonville, AR 72712

3. **Fax**: (479) 619-2229

4. **In person**: The Student Records Office is located on the second floor of the Student Center. Hours are Monday through Thursday from 8:00 a.m. to 6:00 p.m. and on Friday from 9:00 a.m. to 4:30 p.m. Exceptions to these hours are made during holidays.

   - **No one else (including your spouse, parent, etc) may pick up your evaluation without your written permission. Identify by name the person who is authorized to obtain your evaluation and include your original written signature.**

   - **Phone or e-mail requests are not accepted.**

NWACC
NORTHWEST ARKANSAS
COMMUNITY COLLEGE

DEGREE AUDIT REQUEST

FOR OFFICIAL USE ONLY:
Examiner: _____
- ❑ Evaluation complete
- ❑ Letter Sent
- ❑ Incomplete Information,
  - ❑ Need Major
  - ❑ Need official transcripts from:

_____

_____

- A degree audit identifies the progress a student has made toward an NWACC degree plan.
- Determines the specific credits that NWACC has awarded to a student from another institution.
- There is no charge for a degree audit.

Who should request an audit?
Students will want to request a degree audit **only** if they plan to receive a degree from NWACC.
When should a student request an audit?
- If a student has completed coursework successfully at another institution or if a student believes that they are close to completing their degree requirements, they should request a degree audit.
- Before a degree audit can be completed, **official** transcripts from all institutions attended **must** be on file in the Student Records Office.

ID# _____

SS#_____ Name _____ Date _____

(List Other Names Used) _____

Address _____ Home Phone _____
Street or P.O. Box

_____ Work Phone _____
City State Zip

Student status: ❑ Current or previously enrolled NWACC Student
❑ New Student

NWACC Degree: ❑AA ❑AS ❑AAS ❑ Certificate Major: _____

Semester and Year you started the program: _____

Previous Colleges and Vocational Technical Schools Attended: (Official Transcripts must be on file before audit.)
List Schools:

_____ _____

_____ _____

Have you requested these transcripts? ❑Yes ❑No If yes, when (date) _____

Will you be transferring to a 4-year institution? ❑Yes ❑No If yes, where? _____

Is this Audit for a Financial Aid Appeal? ❑Yes ❑No

_____ _____
Student Signature Date