



*A degree in health care is just the beginning...*

## Dalton State College Associate of Applied Science Degree in Respiratory Therapy

Dear Prospective Student:

Are you a caring person who likes to help others? Would you enjoy working with the newest healthcare technology? Do you enjoy working with technology? Are you looking for a career that offers different challenges and opportunities on a daily basis—including opportunities for continuing education, specialization, and advancement to management? If your answers are “yes,” then Respiratory Therapy may be the career for you.

Respiratory Therapists are health care professionals who care for people with breathing problems, and they are integral to any health care team. Under the direction of physicians, respiratory therapists use independent judgment to make recommendations regarding respiratory care, and they assist with the diagnosis, treatment, and management of patients who have cardiopulmonary problems.

Respiratory Therapists can choose from a range of specializations, including but not limited to critical care, home care, pulmonary diagnostics, and neonatal intensive care. As a Respiratory Therapist, you may choose to work with premature infants and children or with adults or with the elderly. And depending upon your choice of specialization, employment settings range from hospitals, diagnostic/rehabilitation clinics, and doctors’ offices to long-term care facilities and home health care agencies.

Currently there is a shortage of Respiratory Therapists in the United States, and with the aging of our population, Respiratory Therapy is expected to be one of the nation’s fastest growing career fields. At the present time, starting salaries for registered Respiratory Therapists in this area are in the \$50,000 per year range.

Dalton State’s Associate of Applied Science Degree in Respiratory Therapy Technology is a five-semester program designed to prepare students for employment as advanced level Respiratory Therapists. The program is open to all qualified applicants regardless of previous experience. Please take a look at the enclosed application materials and give me a call. I look forward to talking with you.

Sincerely,

Cindy Davis, MBA, R.R.T. Program Director  
Phone: 706.272.2657  
Email: [chdavis@daltonstate.edu](mailto:chdavis@daltonstate.edu)

**Dalton State College**  
**Associate of Applied Science in Respiratory Therapy**  
**Program Information and Admission Requirements**

**About the program**

The Associate of Applied Science Degree in the Respiratory Therapy Technology program consists of a sequence of courses designed to prepare graduates to assist physicians in the evaluation, diagnosis, and treatment of patients with cardiopulmonary dysfunction. Conditions requiring respiratory care include asthma, emphysema, chronic obstructive lung disease, pneumonia, cystic fibrosis, infant respiratory distress syndrome, and conditions brought on by trauma and post-operative surgical complications. Respiratory Therapists treat a diverse group of patients ranging from newborns and children to adults and the elderly.

**Goal of program**

To prepare graduates with demonstrated competence in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains of respiratory care practice as performed by registered respiratory therapists.

**Length of program**

A minimum of five semesters is required to complete RESP major field courses.

**Entrance dates**

Students may take pre-RESP courses at any time. Each summer semester a new cohort of students is selected to begin professional RESP courses (major field courses) during the upcoming fall semester.

**In order to be considered for acceptance to the Respiratory Therapy program, applicants' must**

- Be accepted to Dalton State College;
- Be at least 18 years of age;
- Have a minimum cumulative college Grade Point Average of 2.50/4.00;
- Have completed the required pre-program college courses:  
ENGL 1101; MATH 1111; BIOL 2212 and 2213 and 2215; and CHEM 1151 or 1211;
- Have earned at least a "C" in each preprogram course. Preprogram science courses taken more than five years prior to enrollment in the program will be evaluated by the Respiratory Therapy program faculty and may need to be repeated. Only courses that had the same documented content and hours of credit will be accepted.
- Submit a completed program application by May 25<sup>th</sup> preceding the fall semester in which the applicant wishes to enroll in RESP 1100. Applications may be downloaded from this website or may be requested from the Respiratory Therapy program director by calling 706.272.2657.

**About the admission selection process**

Admission Selection is competitive and each applicant is awarded points for the following: college GPA; number of college credits completed; prior work experience; recommendations from personal references; and GPA of required preprogram science courses; and interview. Applicant will be asked to submit a background check and drug screening prior to acceptance. Instructions for background and drug screening will be given at the time of the interview.

The Respiratory Care Professional (RCP) is a caregiver with the responsibility of providing life supporting therapies and diagnostic services. Implied in this care giving role are essential job functions that require the RCP to demonstrate certain cognitive, psychomotor, and affective skills. The performance of these job functions must be consistent with the expectation that the RCP must not place himself/herself, a fellow worker, or the patient in jeopardy.

The purpose of the following is to identify the essential functional requirements of the RCP in the categories of visual acuity, hearing, physical ability, speech, manual dexterity, and mental stress. The examples listed below are not all inclusive.

### **Physical Standards for Respiratory Care Professionals**

The respiratory student must be able to:

Work in a clinical setting eight to twelve hours a day performing physical tasks;

Frequently bend, reach, stoop, lift, and use manual dexterity to operate equipment and to perform necessary patient therapies. This includes sufficient tactile ability to perform a physical assessment, as well as for the manipulation of syringes to draw arterial blood safely without harm to patient or self;

These devices weighing up to 50 pounds;

Have sufficient visual acuity to report visual observations of patients and equipment operations, as well as to read patients' medical records and medical information;

Adequately hear patients during all phases of care, especially breath sounds through a stethoscope and to perceive and interpret equipment signals;

Communicate clearly and instruct patients before, during, and after procedures.

### **Mental/Attitudinal Standards for Respiratory Care Professionals**

Respiratory therapists must:

1. Function calmly under stressful situations, maintain composure while managing multiple tasks simultaneously, and be able to prioritize multiple tasks;
2. Exhibit social skills necessary to interact effectively with patients, families, supervisors, physicians, and coworkers of the same or different cultures;
3. Maintain personal hygiene consistent with the close personal contact associated with patient care;
4. Display attitudes and actions consistent with the ethical standards of the profession as stated by the American Association of Respiratory Care. These ethical statements can be found on the Association website at <http://www.aarc.org/>

### **Additional Requirements**

**Respiratory Therapy students must:**

1. Earn a "C" (75%) or better in all professional courses with the "RESP" prefix in order to proceed to the next course in the sequence. Any student failing a professional course ("<75%) will not be allowed to continue in the program. The student may reapply for admission in the next program cohort class. Students seeking readmission will be evaluated by the Respiratory Therapy faculty to determine acceptability and placement in the program. Previously completed major field courses may be accepted or may need to be repeated in accordance with the guidelines in the Respiratory Therapy Handbook. Readmitted students who fail more than one RESP course or the same course twice will be dismissed from the program and will not be reaccepted. Students who fail a clinical practicum must repeat both the clinical and classroom courses covering that content.
2. Maintain a cumulative 2.5 GP to graduate from the program and Dalton State College.
3. Abide by the policies and procedures of the Respiratory Therapy Handbook. Failure to do so may result in removal from the program.
4. Provide medical examination forms, including documentation of all required immunizations and the results of a drug test taken at the student's expense prior to participation in practicum courses.
5. Be aware that conviction of a felony or gross misdemeanor may prohibit employment in the field and may make a student ineligible to take licensing exams required for the profession. In addition, a background check may be required by some agencies before a student may participate in clinical practicum. The cost for any required background check will be the responsibility of the student.
6. Be aware that to work in the State of Georgia, Respiratory Care Professionals must apply for and be granted a license. In order to obtain a license, graduates must pass at least the entry level Certification Exam (CRT) administered by the National Board for Respiratory Care. Upon successful completion of the Certification (CRT) exam, graduates become eligible to take both parts of the national Registry (RRT) Exam.

## Dalton State College Respiratory Therapy Course Requirements

The Dalton State College Associate of Applied Science Degree program in Respiratory Therapy prepares graduates to function as advanced level Respiratory Care Professionals. This five-semester program is designed to provide students with the respiratory care skill sets mandated by the Committee on Accreditation of Respiratory Care (CoARC) and the Commission on Accreditation of Allied Health Education Programs. After successful completion of the program, the graduate will be eligible to take the National Board for Respiratory Care (NBRC) entry level exam and upon successful completion of that examination, to take the advanced level exam offered by the NBRC. Upon passing the entry level exam and meeting all requirements for licensure in Georgia, the graduate may be licensed in the State of Georgia as a Respiratory Care Professional by the Composite State Board of Medical Examiners of Georgia.

Course	Description	Credit Hours
<b>GENERAL EDUCATION</b>		
COMM 1110	Fundamentals of Speech	3
<b>ENGL 1101</b>	<b>English Composition I</b>	<b>3</b>
HIST 2111 or 2112	United States History	3
<b>MATH 1111 or 1101</b>	<b>College Algebra or Math Modeling</b>	<b>3</b>
POLS 1101	American Government	3
Elective	ECON 1101, 2105, 2106, HIST 1111, 1112, 2111, 2112, PSYC 1101, SOCI 1101	3
Elective	ENGL 1102, ENGL 1201, HUMN 1201	3
<b>MAJOR FIELD COURSES</b>		
<b>BIOL 2212</b>	<b>Anatomy &amp; Physiology I</b>	<b>4</b>
<b>BIOL 2213</b>	<b>Anatomy &amp; Physiology II</b>	<b>4</b>
<b>BIOL 2215</b>	<b>Microbiology</b>	<b>4</b>
<b>CHEM 1151</b>	<b>Survey of Chemistry</b>	
	or	
<b>CHEM 1211</b>	<b>Principles of Chemistry I</b>	<b>4</b>
RESP 1100	Introduction to Respiratory Care	3
RESP 1111	Fundamentals of Respiratory Care	4
RESP 1121	Clinical Practicum I	5
RESP 1131	Patient Assessment and Protocols	4
RESP 1132	Cardiopulmonary Pharmacology	3
RESP 2201	Clinical Practicum IA	3
RESP 1133	Cardiopulmonary Anatomy and Physiology	3
RESP 2110	Mechanical Ventilation and Critical Care	4
RESP 2121	Neonatal and Pediatric Respiratory Care	2
RESP 2130	Specialized Areas of Respiratory Care	2
RESP 2210	Clinical Practicum II	5
RESP 2220	Clinical Practicum III	5
RESP 2310	Cardiopulmonary Disease and Treatment	3
RESP 2330	Credential Preparation	1

**Total 84**

**Note: Courses listed reflect requirements as of 02.24.09 and are subject to change.**

**Courses listed in bold type are pre-admission requirements.**

Dalton State College  
**Associate of Applied Science in Respiratory Therapy Technology**  
Application Procedures

Thank you for your interest in the Dalton State College Respiratory Therapy Program. Information about the program, forms required for admission, and contact information are included in this packet. **Read this information carefully and follow the instructions provided.** Do not hesitate to contact us if questions arise during the application process.

**Students must be admitted to Dalton State College before applying to the Respiratory Therapy Program.** To apply to Dalton State College, contact the Office of Enrollment Services, 650 College Drive, Dalton, GA 30720, or call 706.272.4436 or 800.829.4436, or visit [www.daltonstate.edu](http://www.daltonstate.edu).

**To Apply to the Respiratory Therapy Program:**

A new Respiratory Therapy class begins each year. To be admitted, applicants must have completed the following college classes with “C” or better: English 1101, Math 1111 or MATH 1101, Biology 2212, 2213, 2215, and Chemistry 1151 or 1211.

In addition to materials required for admission to Dalton State College, applicants to the Respiratory Therapy Program must submit the following:

- 1) Respiratory Therapy Program Application
- 2) Respiratory Therapy Application Essay form (300 words)
- 3) Personal Recommendation forms (3 recommendations required)
- 4) Student Immunization and Medical Record
- 5) Pre-Admission Course Record
- 6) A background check and drug screening will be performed (we will provide information at the interview)

The above-listed materials must be submitted to the Respiratory Therapy Program Director or to the DSC School of Technology Office by **May 25th** for fall semester admission. However, the Respiratory Therapy Program has a limited enrollment, and applicants are encouraged to complete all admission requirements as far in advance as possible.

**Acceptance to the Program:**

Completed applications are reviewed by the program selection committee on the basis of: college grade point average (GPA), number of college credits earned, and the quality of completed application materials including the interview score and background check. An offer of acceptance is made to applicants who achieve the highest rankings, with selection continuing until the class is full. The Respiratory Therapy Program does not discriminate on the basis of race, color, age, sex, religion, national origin, or disability, but applicants must be able to meet physical requirements of the job. For additional information in this regard, please see the Dalton State College catalog.

**Financial Aid:**

Dalton State College participates in numerous federal and state financial aid programs designed to provide assistance to those who qualify. Applicants who are interested in obtaining financial aid are encouraged to apply early, as funds may be limited. For additional information, contact the DSC Financial Aid Office at 706.272.4545 or visit [www.daltonstate.edu](http://www.daltonstate.edu).

**To apply for admission to the DSC Respiratory Therapy program or for additional information, please contact:**

Cindy Davis, Director, Respiratory Therapy Program  
Dalton State College  
Phone: 706.272.2657 • Email: [chdavis@daltonstate.edu](mailto:chdavis@daltonstate.edu)  
Address: 650 College Drive, Dalton, GA 30720

**The application deadline for fall semester admission is May 25th.**

Completed application packets become the property of the Dalton State College Respiratory Therapy program.

Name:

\_\_\_\_\_  
First Middle Initial Last

Mailing Address:

\_\_\_\_\_  
Street and Number or PO Box

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

Phone Numbers:

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

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

I hereby apply for admission to the Dalton State College Respiratory Therapy Program for the class beginning Fall Semester \_\_\_\_\_. The information that I have provided is true and accurate to the best of my knowledge, and I have read all of the attached program information and understand the selection process for admission.

\_\_\_\_\_  
Signature Date

Applicant Name \_\_\_\_\_

Dalton State College  
**Associate of Applied Science Degree in Respiratory Therapy Technology**  
Essay Form

**Instructions:** This essay is required of all applicants to the Respiratory Therapy Program. The essay must be handwritten in the student's own handwriting and must be limited to 300 words. The essay will be reviewed by the program selection committee, with content considered the most important component for the admission

selection process. However, neatness, spelling, grammar, and punctuation will all count in scoring the essay. Applicants should express their thoughts clearly and concisely in order to meet the essay's length requirement. *Note: If you prefer, you may use lined paper and attach your essay to this form.*

## **ESSAY TOPIC**

**What about Respiratory Therapy has attracted you to spend the next few years in preparation for a career in this field? What attributes do you possess that would make you a quality Respiratory Therapist?**

Applicant Name \_\_\_\_\_

Dalton State College  
**Associate of Applied Science Degree in Respiratory Therapy Technology**  
 Applicant Recommendation – Page 1 of 2

**Instructions**

**To the applicant:** Please give this form and envelope to the person chosen to provide this recommendation for you. This person should not be a friend or family member, but rather someone who is able to evaluate your personal characteristics such as an employer, teacher, coach, clergy member, physician, or counselor, etc.

**To the person completing the recommendation form:** This individual is applying for admission to Dalton State College's Respiratory Therapy program. We consider the following characteristics to be important for the success of the students in this program. Please evaluate each of these personal characteristics of the applicant by circling the most appropriate choice on the following scale. Please feel free to provide any additional comments on the back of this form.

**5 = Strongly agree, 4 = Agree, 3 = Neutral (Acceptable), 2 = Disagree, 1 = Strongly disagree, NA = Unable to evaluate**

Responsibility – Accountable for one's actions	5	4	3	2	1	N/A
Leadership – Has the capacity to direct others	5	4	3	2	1	N/A
Initiative – Motivated to pursue actions independently	5	4	3	2	1	N/A
Flexibility – Adapts to new or changing situations	5	4	3	2	1	N/A
Organization – Able to arrange or order tasks efficiently	5	4	3	2	1	N/A
Self-Confidence – Assured in one's abilities and skills	5	4	3	2	1	N/A
Independent work – Completes tasks with minimal supervision	5	4	3	2	1	N/A
Verbal Communication – Expresses self effectively	5	4	3	2	1	N/A
Written communication – Writes clearly and effectively	5	4	3	2	1	N/A
Stress Response – Maintains composure & ability to function	5	4	3	2	1	N/A
Attitude – Positive approach to assignments and coworkers	5	4	3	2	1	N/A
Manual Dexterity – Ability to perform hands-on skills	5	4	3	2	1	N/A
Team Player – Able to work as part of a group	5	4	3	2	1	N/A
Accepts Supervision – Willing to learn	5	4	3	2	1	N/A
Maturity – Demonstrates common sense, self-control, tact	5	4	3	2	1	N/A
Dependability – Reliable, follows through on tasks	5	4	3	2	1	N/A
Perseverance – Doesn't give up easily	5	4	3	2	1	N/A
Decision Making – Analyzes facts and formulates solutions	5	4	3	2	1	N/A
Knowledge Application – Can apply what has been taught	5	4	3	2	1	N/A

Applicant Name \_\_\_\_\_

Dalton State College  
**Associate of Applied Science Degree in Respiratory Therapy Technology**  
Applicant Recommendation – Page 2 of 2

**Additional Comments**

Please use this section of the Applicant Recommendation Form to provide your assessment of the applicant's strengths, particularly those strengths not already addressed, as well as any areas in which you feel the applicant needs improvement.

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**Your relationship to applicant:**

\_\_\_\_\_ Advisor    \_\_\_\_\_ Teacher    \_\_\_\_\_ Supervisor    \_\_\_\_\_ Employer  
\_\_\_\_\_ Other (Please describe \_\_\_\_\_)

How long have you known the applicant? \_\_\_\_\_

How well do you know the applicant? \_\_\_\_\_

Do you                      \_\_\_\_\_ Highly Recommend                      \_\_\_\_\_ Recommend  
                                  \_\_\_\_\_ Recommend with reservation                      \_\_\_\_\_ Not Recommend

this applicant?

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Institution/Business \_\_\_\_\_

Address \_\_\_\_\_

Telephone: \_\_\_\_\_

May someone contact you about this applicant? \_\_\_\_\_ Yes    \_\_\_\_\_ No

Thank you for your recommendation. We ask that you seal this recommendation in an envelope and sign your name across the flap before returning it to applicant.

Or if you prefer, you may mail this form directly to: Dalton State College  
Respiratory Therapy Program  
650 College Drive  
Dalton, Ga 30720

Applicant Name \_\_\_\_\_

**Dalton State College**  
**Associate of Applied Science Degree in Respiratory Therapy Technology**  
Applicant Recommendation – Page 1 of 2

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Printed Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Institution/Business \_\_\_\_\_

Address \_\_\_\_\_

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**Dalton State College**  
**Associate of Applied Science Degree in Respiratory Therapy Technology**

Applicant Recommendation – Page 2 of 2

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\_\_\_\_\_ Other (Please describe \_\_\_\_\_)

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How well do you know the applicant? \_\_\_\_\_

Do you                      \_\_\_\_\_ Highly Recommend                      \_\_\_\_\_ Recommend  
   \_\_\_\_\_ Recommend with reservation                      \_\_\_\_\_ Not Recommend

this applicant?

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Institution/Business \_\_\_\_\_

Address \_\_\_\_\_

Telephone: \_\_\_\_\_

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Respiratory Therapy Program  
650 College Drive  
Dalton, Ga 30720

# DALTON STATE COLLEGE RESPIRATORY THERAPY PROGRAM CERTIFICATE OF IMMUNIZATION

See the back of this form for immunization requirements and acceptable documentation.

## STUDENT INFORMATION

Dalton State College ID # \_\_\_\_\_ Age at time of application \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name \_\_\_\_\_  
Last
First
Middle

Address \_\_\_\_\_

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

Term of Enrollment: (Please Circle)      **Fall**      **Spring**      **Summer**

In case of Emergency, please notify: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone number ( ) - \_\_\_\_\_ - \_\_\_\_\_

## IMMUNIZATION INFORMATION (Specific Immunization requirements are listed on reverse)

VACCINE	DATE MM/DD/YY	DATE MM/DD/YY	DATE MM/DD/YY	DATE MM/DD/YY	DATE OF POSITIVE LAB/SEROLOGIC EVIDENCE
MMR*	/ /	/ /			
MEASLES*	/ /	/ /			//
MUMPS*	/ /	/ /			//
RUBELLA*	/ /	/ /			//
Varicella (Chicken Pox)	/ /	/ /			(History of Varicella) //
Tetanus-Diphtheria. (DTP, DtaP or TD)	/ /				
PPD (TB Skin Test or Chest x-ray if PPD positive)	/ /				// D PPD D Chest X-ray Result:
Hepatitis B**	/ /	/ /	//	Type Series: D 2-dose series D 3-dose series	//

\*Not required if born before 1957.

\*\* Hepatitis B is not required, but strongly recommended prior to clinical assignment. A waiver must be signed upon program admission if vaccine is refused.

Certification OF HEALTH CARE PROVIDER (This information is required.)

Name \_\_\_\_\_ Signature \_\_\_\_\_  
 Address \_\_\_\_\_ Date issued \_\_\_\_\_

## Exemptions

Check the appropriate box, sign, and date if you are claiming exemption of the immunization requirement for one of the following reasons:

- Exemption on the grounds of permanent medical contraindication.
- Exemption on the grounds of temporary medical contraindication.
  - A. Pregnancy, expected delivery date: \_\_\_\_ / \_\_\_\_
  - B. Other, anticipated date of contraindication's end: \_\_\_\_ / \_\_\_\_

I understand that exemption for any of the reasons listed above subjects me to exclusion from campus/clinical site in the event of an outbreak of a disease for which immunization is required.

Student Signature

Date

Return this form to: Dalton State College, Respiratory Therapy Program  
650 College Drive, Dalton, GA 30720

*Keep a copy of this form for your records.*

Dalton State College  
**Associate of Applied Science Degree in Respiratory Therapy Technology**

STUDENT HEALTH SELF-ASSESSMENT  
2016-2017

**THIS SIDE OF FORM IS TO BE FILLED OUT BY STUDENT BEFORE  
GOING TO THE PHYSICIAN/NURSE PRACTITIONER FOR THE PHYSICAL EXAMINATION.**

Name of Student: \_\_\_\_\_

Year of Application: \_\_\_\_\_

Address: \_\_\_\_\_

Street and Number or P.O. Box

City

State

ZIP

Age: \_\_\_\_\_ Phone: \_\_\_\_\_

Student ID# \_\_\_\_\_

IN AN EMERGENCY, PLEASE NOTIFY THE FOLLOWING INDIVIDUAL:

Name	Address	Relationship to Student
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1. Have you had any of the following? If yes, check the space in front of the condition.

<input type="checkbox"/> *Asthma/Respiratory Illness	<input type="checkbox"/> Hearing Problem	<input type="checkbox"/> Head Injury
<input type="checkbox"/> Broken Bones	<input type="checkbox"/> Eye Problem	<input type="checkbox"/> Jaundice
<input type="checkbox"/> Chest Pain	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Rheumatic Fever
<input type="checkbox"/> Chronic Cough	<input type="checkbox"/> *Heart Trouble	<input type="checkbox"/> Rupture
<input type="checkbox"/> Nephritis	<input type="checkbox"/> Sinus Trouble	<input type="checkbox"/> *Tuberculosis
<input type="checkbox"/> Ill Effects from Medicine	<input type="checkbox"/> *Back Problem	<input type="checkbox"/> Manual Dexterity Problem
<input type="checkbox"/> Allergies: Please list: _____		

\*Please provide prescribed treatment and dates: \_\_\_\_\_

2. At present, are you taking any prescribed drugs or medical treatment? (Drug Screening required.)

If yes, what? \_\_\_\_\_

3. Have you had any emotional problems? \_ If yes, what? \_\_\_\_

4. Do you know any reason why you should not participate in normal physical exercise? \_\_\_\_\_

If yes, explain:

5. Please list any additional illnesses, operations, or injuries, and give dates:

6. Hepatitis B vaccine is recommended but not required. Students who elect not to take the vaccine will be required to sign a waiver.

Student Signature

Date

**Associate of Applied Science Degree in Respiratory Therapy Technology  
PHYSICIAN'S REPORT FORM**

**THIS REPORT OF PHYSICAL EXAMINATION MUST BE COMPLETED BY A  
LICENSED PHYSICIAN/NURSE PRACTITIONER AND RETURNED TO DALTON STATE COLLEGE,  
AS DIRECTED BY THE TECHNICAL DIVISION FACULTY.**

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DATE OF EXAMINATION: \_\_\_\_\_ DATE OF STUDENT BIRTH: \_\_\_\_\_

NAME OF STUDENT: \_\_\_\_\_

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Height	inches	Weight	lbs.	Pulse	Blood Pressure
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Vision without glasses: R20/ \_\_\_\_\_ L20/ \_\_\_\_\_ Vision with glasses: R/20 \_\_\_\_\_ L20/ \_\_\_\_\_

General condition of the following:

Teeth	Skeletal System
Lungs	Varicosities/Hemorrhoids
Heart	Respiratory Health
Abdomen	Allergies
Hernia	Mental Status
Genito-Urinary System	Prescribed Drugs

I have performed a complete health examination on this student and have determined that the student is free from any infectious or contagious disease and is physically, mentally, and psychologically capable of performing patient care activities.

Yes \_\_\_\_\_ No \_\_\_\_\_

IF NO, EXPLAIN: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Physician/Nurse Practitioner's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title of Professional Completing this Form

Applicant Name \_\_\_\_\_

Dalton State College  
**Associate of Applied Science Degree in Respiratory Therapy Technology**  
Pre-Admission Course Record

On the line to the left of each course listed:

- Mark the grade you made in each of the courses you have completed.
- Mark an "X" for the courses in which you are currently enrolled.
- Mark an "N" for courses you plan to take next semester.
- If you took this class more than 5 years ago, please list the semester (or quarter) that the course was taken on the line to the right of the course.
- If you are transferring this course from another college, please indicate where and when you took the course on the line to the right.

\_\_\_\_\_ English Composition I (1101) \_\_\_\_\_

\_\_\_\_\_ College Algebra (1111) \_\_\_\_\_

\_\_\_\_\_ Anatomy and Physiology I (2212) \_\_\_\_\_

\_\_\_\_\_ Anatomy and Physiology II (2213) \_\_\_\_\_

\_\_\_\_\_ Microbiology (2215) \_\_\_\_\_

\_\_\_\_\_ Survey of Chemistry (1151) or Principles of Chemistry I (1211) \_\_\_\_\_

I certify that the above information is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date