Fall 2015/Spring 2016

Class of 2017

RE: Respiratory Therapy Program

Dear Student:

Thank you for your interest in the Respiratory Therapy Program at Rutgers - School of Health Related Professions. Enclosed is an application packet with the information you requested regarding our program.

The professional phase of the program begins in September of each year. Applications will be accepted beginning in January 2016, with deadline for application on May 15, 2016. Please remember that all prerequisite general education classes must be completed for your application to be considered. You may still apply if your classes are in progress for the Spring 2016 semester. It is the responsibility of the applicant to insure that all documents are received by the program before deadline. Incomplete applications will not be considered.

We will NOT be administering the HOBET (medical aptitude exam) this year.

If you need additional clarification after reviewing the information, please do not hesitate to contact us at (856) 566-2891, or e-mailing us at RTSouth@shrp.rutgers.edu.

Sincerely,

Pat Kelly
Pat Kelly
Program Coordinator

Enclosures
INSTRUCTIONS FOR APPLICATION

BY MAY 15

▪ Fill out application completely. We begin accepting applications after January 1 of the year you are eligible to begin the program.

▪ Obtain original, sealed transcript(s) – you may either request that the transcript be sent to the below address, or enclose the sealed transcript envelope with your application. If your transcript indicates required prerequisite classes in progress, please remember that you will need to order a final transcript once final grades have been posted.

▪ Include a short letter with your application indicating why you are applying to the Respiratory Therapy Program. Be sure to include any experience that you believe is related to the health care field.

▪ Though not required, please feel free to include letters of reference. These should be from appropriate sources such as an advisor, professor, or employer who can attest to your potential to succeed in the program. These should be addressed to “Ms. Charlyn Moellers, Program Director” at the address below.

▪ Return completed application to:

  Rutgers-SHRP
  Respiratory Therapy Program
  40 East Laurel Road – Suite 2105
  Stratford, NJ 08084

▪ **DO NOT** enclose any application fee – if you are applying as part of a joint program with your community college, there is no fee. If you are applying as a second bachelor degree student, you will be billed for the application fee upon acceptance into the program.

▪ **DO NOT** return application to the Newark, NJ address on the back of the application. Applications returned to Newark will be sent to the Newark program.

Please feel free to contact us with any questions or concerns at our Stratford Office, 856-566-2891 or by e-mail at RTSouth@shrp.rutgers.edu.
General Information:
- Students earn an Associate Degree in Applied Science (AAS), jointly sponsored by Rutgers-SHRP and your community college or students with a Bachelor’s Degree may earn a Second Bachelor’s of Science Degree.
- Upon completion of the Program, students are eligible to sit for the Therapist Multiple-Choice Examination (TMC) and if successful, obtain their CRT and/or RRT credentials, which are used as the basis for licensure.

Program Goals:
- To prepare all students to function as advanced respiratory care practitioners.
- To prepare all students to be sensitive and to be skilled in meeting both the physical and psychosocial needs of patients.

Time Commitment:
- The Respiratory Therapy Program is a FULL TIME program.
- Students who are working full time find that they are not able to do so and successfully complete this program.
- Be sure you are ready and able to dedicate a year of your life to this program. The reward is a great career that you’ll be ready to start immediately upon graduation.

Selection Process:
We have many applications to the program, and only 30 seats available each year. Students are accepted by criteria that include the following:
- All Prerequisite General Ed Classes Complete – including ALL FOUR sciences (Anatomy and Physiology I and II, Microbiology, and Chemistry)
- Science GPA (Minimum 2.75)
- Total GPA (Minimum 2.75)
- Work Experience
- Letters of Recommendation
- Interview
- Critical Skills Exam Score

Important to Know....
- ALL accepted students must pass an extensive criminal background and health screening process (including a 12 panel drug screen)
- Students who do not pass the background check will have their acceptance rescinded.
- Students MUST have all of the health care screening and immunizations current before class begins.

For More Information, please call us at (856) 566-2891.
Guideline Summary of Tuition and Fees for UMDNJ-SHRP  
Respiratory Therapy Program - South  
Program Year 2015-2016  

THIS IS FOR REFERENCE ONLY - PLEASE CONTACT ENROLLMENT SERVICES FOR VERIFICATION OF ACTUAL CHARGES.

Initial Deposit: $200.00  
$200.00 Non-Refundable Deposit (to be applied to your Summer Tuition upon full registration)  
$75.00 Non-Refundable fee for Criminal Background Check Paid Directly to Vendor (mandatory)  

Graduation Fee  
$40.00 for Joint Programs, $80.00 for 2nd Bachelor Students

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<tr>
<th>Number of Credits</th>
<th>In State</th>
<th>Out of State</th>
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<tr>
<td><strong>Fall Semester</strong></td>
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<tr>
<td>Fundamentals of Respiratory Care</td>
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<td>Clinical Practice I</td>
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<tr>
<td>Dynamics of Health Care in Society</td>
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<tr>
<td>Cardiopulmonary Pharmacology</td>
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<td>$1,059.00</td>
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<td>$125.00</td>
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<tr>
<td>Program Fee (per semester $10/cr $180 max)</td>
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<td>$140.00</td>
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<tr>
<td>Lab/Intensive Fee ($25/cr to 18 credits)</td>
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<td>$375.00</td>
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<tr>
<td>Lab Facilities Fee</td>
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<tr>
<td>Campus Fee (per semester)</td>
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<td>Pediatric/Neonatal Resp Care</td>
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<td>Lab/Intensive Fee ($25/cr to 18 credits)</td>
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<td>Long Term, Home, and Rehab Care</td>
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<td>Program Fee (per semester $10/cr $180 max)</td>
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<td>Estimated Total for Summer</td>
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**Estimated Tuition Totals for Professional Phase**  
$9,310.00  
$12,850.00  

2nd BS Students have two additional 3 credit classes, one in the Fall, one in the Spring semester.

Tuition for the 2015-16 Academic Year which begins in September 2015 is $353.00/credit for in-state students, $530.00/credit for out of state students.

**ADDITIONAL COSTS**

Health Insurance (if student does not waive)  
$1,824.00

Supplies/books (does not include computer)  
$2,000.00

Revised 08/2015
Rutgers
School of Health Related Professions

exclusively dedicated to healthcare

state-of-the-art equipment

the very best faculty & students

rigorous course work

it’s all about

CHOICES...

APPLICATION FOR ADMISSION
Please refer to the instructions on the back of this application before completing form. Please complete in full to ensure quick processing of your application.

**BIO-DEMOGRAPHICS, ACADEMIC HISTORY & WORK HISTORY**

Social Security Number (optional) _______________________________________

Last Name ___________________________ First Name ___________________________ M.I. __________

(If information needed to process this application is located under a different name, please place the name in the space provided below):

Previous Last Names ______________________________________________________

**Permanent Address**

City ___________________________ State ________ Zip __________ Country ___________

If NJ resident, which county? _________________ How long at this address? ________________ Home / Cell Phone ___________________________ Business Phone ___________________________

**Mailing Address**

City ___________________________ State ________ Zip __________ Country ___________

If NJ resident, which county? _________________ Home / Cell Phone ___________________________ Email Address ___________________________

List all colleges, universities and institutions attended. For those applying to undergraduate programs, include high school(s) attended or GED information. List the most recent first and use additional pages if necessary.

Name ___________________________ Location ___________________________ Degree ___________________________ Dates __________ – __________

Name ___________________________ Location ___________________________ Degree ___________________________ Dates __________ – __________

Name ___________________________ Location ___________________________ Degree ___________________________ Dates __________ – __________

Veteran of the Armed Forces? □ Yes □ No Vet. File No. ___________________________ Dates of Service ___________________________

Current Employer and Address

Current Employer Phone Number ___________________________

Start Date ___________________________ Is the position health related? □ Yes □ No Title ___________________________

How did you learn about the Rutgers-School of Health Related Professions? ___________________________

**GENDER, BIRTH DATE, ETHNICITY, RACE, AND CITIZENSHIP**

(This section is voluntary and confidential information. Failure to furnish this information will NOT affect the status of this application.)

Gender: □ Male □ Female

Birth Date: ___________________________

Ethnicity: (select one) □ Hispanic or Latino □ Not Hispanic or Latino

Race: (select one or more) □ American Indian or Alaskan Native □ Asian □ Black or African American □ Native Hawaiian or other Pacific Islander □ White □ Other ___________________________

Citizenship:

US Citizen: □ Yes □ No □ Refugee □ Permanent Resident Alien Reg. # ___________________________ Exp. Date __________

Country of Citizenship (if not the U.S.) ___________________________ Place of Birth: City/Prefecture ___________________________

Visa Classification: □ B2 □ F1 □ F2 □ J1 □ J2 □ H1 □ H4 □ TN □ Other ___________________________

Exp. Date ___________________________

Documentation of immigration status will be requested after admission.
SELECT PROGRAM OF INTEREST

Term / Year of planned enrollment:

☐ Full-Time  ☐ Part-Time  /  ☐ Spring, 20_     ☐ Summer, 20_  ☐ Fall, 20_

Have you previously attended SHRP:

☐ Yes  ☐ No  If “Yes”, which program?

Applying for Readmission:

☐ Yes  ☐ No

Doctoral Degrees

☐ Biomedical Informatics (BIP5)
  ☐ Online  ☐ Newark Campus
☐ Clinical Laboratory Sciences (HSP5-XCLS)
☐ Clinical Nutrition (CNP5)
☐ Health Sciences (HSP5)
  ☐ Health Leadership
  ☐ Nutrition
  ☐ Psychiatric Rehabilitation
  ☐ Rehabilitation & Movement Sciences
  ☐ Other

Physical Therapy (PTE5)
  apply at www.ptcas.org

☐ Psychiatric Rehabilitation (PRP5)

Masters Degrees

☐ Biomedical Informatics (BIM5)
  ☐ Online  ☐ Newark Campus
☐ Clinical Laboratory Sciences (CLS5)
☐ Clinical Nutrition (CN5)
☐ Clinical Trial Sciences (CTS5)
  ☐ Clinical Trials Informatics
  ☐ Clinical Trials Mgmt & Recruitment Sciences
  ☐ Drug Safety and Pharmacovigilance
  ☐ Regulatory Affairs
☐ Health Sciences (HMS5)
  ☐ CMR Disease Management
  ☐ Health Professions Education
  ☐ Integrative Health & Wellness
  ☐ Tailored Track
☐ Health Care Management (MHCM)
  ☐ Biomedical Informatics
  ☐ CMR
  ☐ Management & Leadership

Physician Assistant (PAO5)
  apply at www.CASPAonline.org

☐ Psychiatric Rehabilitation (PSR5)
☐ Radiologic Assistant (RAO5)
☐ Rehabilitation Counseling (PRC5)

Graduate Certificates

☐ Dietetic Internship (D102)
☐ Health Care Informatics (H102)

Associate Degrees

☐ Dental Hygiene* (DH5)
☐ Dental Hygiene with
  Thomas Edison State College (DH5)
☐ Occupational Therapy Assistant* (OTA3)
☐ Psychosocial Rehabilitation* (PRS3)
☐ Respiratory Care North* (RCN3)
☐ Respiratory Therapy South* (RT03)

Bachelors Degrees

☐ Allied Health Technologies* (check concentration)
  ☐ Respiratory Care (ARC3)
☐ Clinical Laboratory Science* (check concentration)
  ☐ Cytotechnology (CY03)  ☐ Medical Laboratory Science (MLS3)
☐ Health Information Management* (HIM3)
☐ Medical Imaging Sciences* (check concentration)
  ☐ Cardiac Sonography (ACD3)  ☐ Radiologic Imaging Modalities (RAO2)
  ☐ Diagnostic Medical Sonography (ADM3)  ☐ Vascular Sonography (AVS3)

* Identify Below Co-Sponsoring Institution Currently Attending - or check  ☐ 2nd Bachelors

Respiratory Therapy - South 2nd BS

☐ Health Sciences joint with Thomas Edison State College (HST3) (check concentration)
  ☐ Allied Dental Education  ☐ Health Services Management & Education
  ☐ Coordinated Dietetics  ☐ Advanced Imaging Sciences
  ☐ Check if applying for a 2nd Bachelors
☐ Medical Imaging Sciences joint with Thomas Edison State College (MIS3) (check concentration)
  ☐ Cardiac Sonography
  ☐ Diagnostic Medical Sonography
  ☐ Radiologic Imaging Modalities
  ☐ Vascular Sonography
☐ Psychiatric Rehabilitation - 2nd Bachelors (PSB5)

Undergraduate Certificates

☐ Cardiac Sonography (CDS2)
  ☐ Radiologic Imaging Modalities (DT02)
☐ Cytotechnology (CY02)
  ☐ Diagnostic Medical Sonography (DMS2)
☐ Dental Assisting* (DNS4)
  ☐ Dietary Management* (DTM2)
☐ Dental Assisting - Rutgers-SHRP stand alone (DA02)
  ☐ Medical Laboratory Science (MLS2)
☐ Dental Hygiene - Rutgers-SHRP stand alone (DH02)
  ☐ Nuclear Medicine Technology (NMT2)
☐ Other Program (for programs added after 9-25-2013)
  ☐ Vascular Sonography (VS02)

I understand that, as a condition of admission, I may be required to authorize Rutgers to obtain criminal background check(s). I may also be required to obtain a background check myself or authorize clinical training facilities to conduct this check, and to permit the results to be provided by the reporting agency to Rutgers and/or to clinical facilities. If I am offered admission, the offer will not be considered final until completion of my background check, with results deemed favorable by Rutgers. If the results of the background check(s) are not deemed favorable by Rutgers or by the clinical facility(ies), or if information received indicates that I have provided false or misleading statements, have omitted required information, or in any way am unable to meet the requirements for completion of the program, the admission may be denied or rescinded or I may be dismissed.

I certify that all documents and information provided by me are true, accurate and complete. Any false or misleading information may result in actions including, but not limited to, discipline, dismissal or revocation of degree. In addition, I realize my acceptance may be revoked if I engage in behavior that brings into question my honesty, integrity, maturity or ethical character.

I have read and understand the statement of essential functions for the School and/or specific program(s) located at http://shrp.rutgers.edu/admissions/admissions_tech.html, which all students must satisfy for the course of study to which I am applying. If I require any accommodations in order to satisfy these standards, I agree to request accommodations in writing promptly after admission. I understand that the School of Health Related Professions will evaluate the reasonableness of the accommodation before acting on the request. The Disabilities Compliance Coordinator may be reached at 973-972-8594.

Date __________________ Signature of Applicant __________________

* To be eligible for the Programs with an asterisk, you must already have taken the prerequisites or be a student coming from a co-sponsoring institution which is listed on our web site at http://shrp.rutgers.edu (click on admissions) and admissions booklets.

Rev. 10.2-13
APPLICATION INSTRUCTIONS
Read through the application form and instructions before entering information. All documents and fees must be submitted by the program deadline to be considered.

Rutgers-SHRP does not discriminate in admissions or access to its programs and activities on the basis of race/color, national origin, ethnicity, religion/creed, disability, age, marital status, gender, sexual orientation or veteran’s status.

Rutgers-SHRP is committed to complying with the requirements of the Americans with Disabilities Act

Application Fee:
- If you apply to more than one program, add an additional $75 for each program.

Bio-Demographics:
- Enter your current full legal name and previous legal name, if applicable. Ensure that your full legal name is on all application materials. If transcripts are under a different name, please submit current and previous names with transcript.
- Permanent Address indicates your place of permanent residency. Mailing Address represents where you prefer correspondence to be mailed. If your mailing address is likely to change during the admissions process, a permanent address may be better to use.

Citizenship: (Optional on application, required after admission)
- If you are not a United States citizen, record the country in which you are a citizen and indicate the type of US visa you now hold: (ex. F1-student, J1-exchange visitor, etc.)
- Permanent residents or naturalized citizens must present their original Permanent Resident Card (Green Card), US Passport or Naturalization Certificate to a member of the Office of Enrollment Services for proper verification. Copies will not be accepted as original verification (only students enrolled in distance programs will be allowed to submit notarized copies.)

Program of Interest:
- Indicate the program for which you are applying. Indicate concentration and/or co-sponsoring institution if applicable. No application will be processed without this information.

Academic History:
- Request your college registrar to forward an OFFICIAL COPY of your transcript to the School of Health Related Professions (SHRP). If you attended an educational institution in a foreign country, you are also required to have the transcript(s) evaluated by a transcript evaluation service (i.e. World Education Services). Request that a copy of this evaluation be sent directly to SHRP. Submit your international transcript with a certified English translation if the original is not in English. If you are currently involved in course work, you should list these courses and submit documentation of your registration. Send all documentation to: Rutgers-SHRP, Office of Enrollment Services, 65 Bergen Street, Room 149, Newark, NJ 07107-3001.
- If you did not attend secondary school in the US or have not completed a sufficient number of college level English courses, you are required to take the Test of English as a Foreign Language (TOEFL). Acceptable scores for TOEFL are as follows: 550 and above for paper based test and 79 for the Internet based test. Some programs may have higher requirements. All results must be forwarded directly to Rutgers-SHRP from the testing agency.

TESTING & TRANSCRIPT EVALUATION AGENCIES

Graduate Record Examination (GRE)
GRE-ETS
PO Box 6000
Princeton, NJ 08541-6000
Phone: 609-771-7670
School Code: 3116
www.gre.org

Test of English as a Foreign Language (TOEFL)
TOEFL Services-ETS
PO Box 6151
Princeton, NJ 08541-6151
Phone: 609-771-7100
School Code: 2895
www.TOELF.org

World Education Services, INC.
Bowling Green Station
PO Box 5087
New York, NY 10274-5087
Phone: 800-937-3895
www.wes.org - Email: info@wes.org

PHONE: 973-972-5336 • WEB: SHRP.RUTGERS.EDU

In compliance with the Crime Awareness and Campus Security Act of 1990, the Annual Rutgers Security Report is available from:
Rutgers Public Safety Department, 30 Bergen Street, Room 520-B, Newark, NJ 07103-3001