



RESPIRATORY CARE FALL 2011 Application Information & Forms

**This application is an on-line application process with a \$50 fee.
You must complete all steps to be considered.**

1. PROGRAM COUNSELING & ADVISING

All of the information necessary to make a successful application to the Respiratory Care program is included in the following pages. It is your responsibility to be aware of program entrance and degree completion requirements.

For Counseling and Advising assistance in meeting program or application requirements, please go to Counseling and Advising in Building 1, Room 103 or E-mail RCProgram@lanecc.edu.

The following information is intended for program entrance only and does not include information on courses required for degree completion. These can be found in the catalog listing for the program year 2011-2012.

2. APPLICATION PROCESS & DATES

2A. Selection Criteria.

Acceptance into this program is limited to **25 Lane County** students and **5 out-of-county** students. Program admission *is based on a point allocation system*. In addition to admitted students, there will be designated alternates. An alternate is allowed to enter the program if an admitted student declines. Remaining alternates are given admission priority the following year.

You are NOT considered an applicant to the program until you meet all application requirements.

2B. Important Dates:

Program Application Review Sessions (1 required) **3-5 p.m., Mar 17, Apr 8, Apr 20, 2011**
Application opens: On-line App & Payment, forms and documents submission opens **Mar 30, 2011***
Application closes: On-line App & Payment, forms and documents submission closes **May 3, 2011***
Application notification: Program status announced **May 27, 2011**
Mandatory orientation: Attendance required if accepted or alternate status **3-5 p.m., Jun 30, 2011**

*On-line Application and Payment admission system opens approximately 12:15 a.m. and closes approximately 11:45 p.m. each day. You must submit your On-line Application and Payment before the system closes.

3. APPLICATION REQUIREMENTS

To apply to this program, you must complete and submit the following by the close date listed above. Details of requirements are provided in the following sections.

- Attend one Mandatory Application Review Session.
- Be admitted to Lane Community College as a college-credit student.
- Complete all application course requirements as described in the **2010-11** catalog.
- Submit transcripts, if required, to Enrollment Services.
- Submit Forms 1 and 2, and documentation as required.
- Complete the RC Program On-line Application and Payment process.

4. APPLICATION WORKSHEET & REQUIRED STEPS

Use this check list to make sure you complete all requirements.

You must complete all steps and submit all documentation by the close date listed above.

Keep this check list as a reference.

_____ **1. E-mail Account.** You will need to obtain an E-mail address if you do not already have one. Lane's Enrollment Services and Health Professions Application Center use E-mail to send information.

It is your responsibility to set your "spam filter" system to accept mail addresses containing @lanecc.edu . Do this even if you are currently receiving E-mails from Lane. We cannot be responsible for notices which are not received due to spam or junk mail handling.

_____ **2. Admission to Lane as a credit student.** If you are not currently a credit Lane student, complete Lane's college admission process and obtain a student "L" number at <http://www.lanecc.edu/es/admissions.html>. Make sure to complete all "**Steps to Enroll in Credit Classes**" including testing.

_____ **3. Advising.** Meet with a Health Professions counselor or advisor. See Program Counseling section.

_____ **4. Submit Transcripts (if required)** to Enrollment Services. All courses used for points must be recorded on your transcript.

- **Do not** submit transcripts from Lane Community College to Enrollment Services or the HP Application Center.
- **Sealed, official** transcripts from schools other than Lane must be received by application close date. Transcripts may be submitted prior to application open date.
Lane Enrollment Services, ATTN: HP Transcript
4000 East 30th Ave., Eugene, OR 97405
- **For schools other than Lane, submit UNOFFICIAL transcripts** (web or photocopy) with your application point sheet.
- Transcripts received at the Health Professions Application Center will **NOT** be forwarded to Enrollment Services.

_____ **5. Request Course Equivalency Evaluation (if required).**

Courses taken at other colleges may be eligible for use in the application process. Use the following steps and make sure to consult with a program advisor/counselor.

DO NOT DELAY. It is your responsibility to initiate the process early and make sure it has been completed by the application deadline.

IMPORTANT. Equivalencies must meet both Core Program and AAS degree requirements. See program advisor for program requirements.

1. For colleges other than Lane, submit an official, sealed transcript to Enrollment Services. College transcripts received by Lane's Enrollment Services may be verified in *myLane*.
2. Go to the Enrollment Services website <http://www.lanecc.edu/es/transferringcredits.html> .
3. Review "General Information for Transferring Credits."
4. Select "Look up Transferable Credits" to check on transferrable classes. *If your course(s) are listed with a Lane equivalency equivalent to LCC courses listed on Form 1, no further action is needed.*
5. If the college/course is not shown as equivalent, or listed as 1XX or 2XX:
 - Contact the Lane department or division which teaches the course and request a course equivalency evaluation.
Writing courses *for students w/o a BS or BA degree*—Language, Literature, and Speech Division
Human Developmental course – Social Science Division
Nutrition courses -Nutrition Program Coordinator in Health Professions Division
Anatomy Physiology series— Science Division
 - Submit a syllabus of the course taken with your request for course equivalency.
 - Inform the department of the application deadline.
 - ***Make sure the department/division E-mails a copy of the approval to you.***
 - ***Course equivalencies must be approved and received by the correct department or division and forwarded to Enrollment Services by the application deadline to be eligible for points.***

_____ **6. Attend one Mandatory Application Review Session.** You must attend one session to apply to the program. Locations will be posted on the door of Bldg 4/Room 210. At the review session, have the presenter sign **Form 2a: Mandatory Application Review Session.**

_____ **7. Complete the Acknowledgement Statement and Condition of Application, Form 2b.**

_____ **8. Complete Form 1: Application Point Sheet.** Only courses which have been completed and transcribed may be used for points.

_____ **9. Submit application to the HP Application Center** (see Point Sheet for address):

- ☐ Form 1: Point Sheet,
- ☐ Supporting documentation for Health Care points, if applicable,
- ☐ Form 2a: Attendance of Mandatory Application Review Session,
- ☐ Form 2b: Acknowledgement Statement and Condition of Application,
- ☐ Web or photocopy of transcripts from schools other than Lane. **Do not** submit Lane transcripts.

_____ **10. Complete the RC Program On-line Application and Payment.** You will be charged a **\$50 non-refundable application fee.**

Before you begin the On-line Application and Payment

- ☐ You must have a student "L" number to complete this process.
- ☐ You must have an E-mail address to complete this process.
- ☐ You must have a Visa or MC credit card to pay the application fee.

Instruction on how to access and complete the On-line Application & Payment follows.

5. NOTIFICATION

Notification of your status will be announcements by **E-mail or through your myLane** portal by the date listed in the *Important Dates* section.

6. FALL 2011 ENROLLMENT REQUIREMENTS

If accepted or considered an alternate to the program, you must complete the following. **Failure to do so will result in forfeiture of program eligibility.**

- **Fall Term 2011 Enrollment Academic Requirements.** Complete **prior to Fall term 2011.**
 - ☐ **BI 232 (4 cr), letter grade of C- or better.** Pass, No-pass, or lower than C- will not be accepted.
- **Attend the Mandatory Program Orientation.** *Students accepted into the program or given alternate status must attend the orientation session* - see [Important Dates](#) section above. Location will be announced in notification of program acceptance.
- **Documentation of program/clinical requirements (to be paid by student) which will include:**
 - Physical exam and immunization
 - CPR certification
 - Proof of health insurance
 - Drug testing
 - Criminal background check

Specifics will be included in program acceptance or alternate notification and discussed at the Mandatory Orientation.

2011-12 Health Professions Online Program Application & Payment

Before you start your On-line Application & Payment session:

- a. You must have applied for credit admissions to Lane and have a student L number.
- b. You must have a personal e-mail account (Lane does not issue students Lane e-mail accounts).
- c. You must have a credit card on which to charge the non-refundable application fee.
- d. Complete the program Application Worksheet.

Go to: https://exp.lanecol.edu/pls/lane/bwskalog.P_DisplLoginNon Lane's Admission and Program Application website.

Apply Online: Click on this link

First time user account creation Click on this link at bottom of page.

Create a Login ID: Enter your L#. (If you have applied for admissions and have not yet received your L#, have the system to generate a G# for you. **Make sure to keep** your G number for reference!)

Create a new PIN: Follow instructions on the web page.

- Do not use the same PIN you use to log into myLane, myLane, or Moodle.
- This PIN is only for the Application process and will not change your myLane PIN.
- Use this Application PIN to check on the status of your program application. Write it down!

Login: Click this button located at bottom of page.

Continue: Click this button located at bottom of page.

Application Type: Select the correct program application type from pull down menu. Make sure of your selection.

Continue: Click this button at bottom of page.

Apply for Admissions By entering the correct information.

Admission Term: [Fall 2011](#). Enter from drop down menu. (For EMT Basic Spring/Summer, enter Spring 2011)

Enter Name: Make sure your name matches the name you used in your *myLane* portal.

Fill Out Application Click this button at bottom of page.

Application Checklist Click this link and complete each required section of the application.

- Follow the instructions provided on each screen.
- **High School Section.** *Some Health Professions programs require high school completion.*
- **Previous College Section:** List all previously attended institutions.

Application is Complete Click this button only when all sections have been completed.

or Finish Later Click this button to save your information.

Complete Payment You must pay the On-line Application fee with a Visa or MasterCard.

Signature Page Click the button and read agreement information.

- Your On-line Application is dated and timed after submission of the Signature Page.
- This is an acknowledgement page and **does not require a signature**.

Return to Application Menu Click this link at the bottom of the page. Your application is now listed as "submitted."

Lane Community College Admission Confirmation. An E-mail will be sent to you confirming your On-line Application and Payment and time. Retain this page for your reference.

In addition to your On-line Application and Payment, the following programs require additional form(s) and documentation. Details are in the Program Application Information & Forms.

<i>Dental Assisting Dental Hygiene EMT Paramedic Health Records Technology</i>	<i>Medical Office Assistant Nursing Physical Therapy Assistant Respiratory Care</i>
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Print Clearly. Name as indicated in **myLane**.

☐ Indicate if all coursework has been taken at Lane.

L# _____

First _____ Last _____

Address _____

City _____ ST _____ Zip _____

E-mail _____

1st Phone _____ 2nd Phone _____

Form 1: Application Point Sheet / Respiratory Care

1. List colleges/universities attended. See [Sections 4 & 5](#) for transcript requirements and course equivalency information.

Name of College/University. Do not abbreviate the names.	State	Quarter or Semester	From - Dates Attended - To

2. No points awarded for meeting minimums for application. For extra points complete the information on Course completed and circle Course Grade received.

Note: Chemistry 100 level or higher and BI 233 must be completed [Fall 2004](#) or later. Contact a program Advisor or Counselor for information about possible exceptions.

	Lane Course	Course	Term/Year	School	Credits	1 point	2 points	3 points	Office Use Only
CHOOSE ONE	*MTH 095					B	A		
	MTH higher than 095					C	B	A	
CHOOSE ONE	*CH 112 or CH 100 level					B	A		
	CH 200 level or higher					C	B	A	
	*BI 112 if CH 112 taken					Enter Grade Received here (no point value): (C or higher required)			
	*BI 231					B	A		
	*HO 100					B	A		
	*WR 121 (may use WR 122, 123 or 227)					B	A / or BA, BS or higher		
	BI 232					C	B	A	
	BI 233					C	B	A	
	BI 234					C	B	A	
	Health Care Experience	POINTS AWARDED FOR HIGHEST LEVEL ACHIEVED (Circle) / MUST ATTACH DOCUMENTATION							
MILITARY	CNA					Certificate of Completion of Training	State Certification		
	Medical Primary Specialty						Minimum 1 year Hospital Experience		
	EMT-Basic					Certificate of Completion of Training	State Certification		
	PRIOR DEGREE					Associate's Degree	BA, BS, or higher		
DEDUCTIONS: Two points per occurrence will be deducted for each N/P, W, D, or F in BI 231-233, Winter Term 2009 or later: _____ x 2 = _____									
Office Use Only:									

*Pre-requisite courses that must be completed by the end of [Winter 2011](#).

Students who have earned a Bachelor's Degree or higher from an accredited school in the US will receive maximum points for WR121.

Maximum points possible are 33

Enter Your ESTIMATE OF TOTAL POINTS: _____

I certify that the information for this petition is true and complete, and acknowledge that incomplete packets or information are not accepted toward application.

Applicant Signature: _____ Date _____

Form 2a: Proof of Mandatory Application Review Session Attendance

Application Review Session

Applicant Print Clearly. Name as indicate in **myLane**

L# _____ First _____ Last _____

Session Date _____

To be signed by presenter: _____ Presenter Signature _____

Form 2b: Acknowledgement Statement and Condition of Application

Acknowledgement Statement and Condition of Application. All must be initialed to qualify.

- ____ A. I understand that my application will not be returned and that I am responsible for making a personal copy.
- ____ B. I have attended a Mandatory Application Review Session.
- ____ C. I have read and understand point sheet and documentation requirements.
- ____ D. I have completed the On-line Application and Payment process as required.
- ____ E. I understand that I am NOT considered an applicant to the program unless all required application steps have been completed, and forms and documentation have been received by the required dates.
- ____ F. I have read the Fall Enrollment Requirement Section and understand *I must attend the mandatory program orientation* and comply with all other enrollment requirements if I am accepted or have alternate status.
- ____ G. I understand it is my responsibility to complete all program requirements for degree completion.
- ____ H. I am aware that the Respiratory Care Program is a hybrid program with lecture courses delivered in an on-line guided instruction format.
- ____ I. I hereby attest that all application information and documentation I have submitted is accurate and authentic.

Signature _____ Date _____

Submit Form 1, Form 2a and 2b, transcripts (if required), and Health Care Experience documentation (if applicable) to:

Submit by mail. Must be received by deadline date.

**Lane Community College
Health Professions Application Center
Attn: RC Application
4000 East 30th Ave.
Eugene, OR 97405**

***Submit in person.** Staple forms and documentation.

Do not place in an envelope.

**Health Professions Application Center
Building 4, across from room 204 – breezeway
Date/time stamp (located next to the drop box)**

Date/Time Stamp in this area: