ELIGIBILITY REQUIREMENTS:

1. To be eligible for regular admission into the professional phase of the program, the applicant must have a minimum cumulative grade point average of 2.5 (A=4.0) in all college level course work.
2. The applicant must also complete by the term of enrollment all prerequisites and admission criteria and have minimum grade of "C" in each prerequisite course as prescribed by the program.

APPLICATION REQUIREMENTS:

A. Complete UAB undergraduate application form indicating pre-respiratory therapy as a major on item #17 and submit it to the UAB Undergraduate Admissions Office along with all required transcripts and application fee. Follow the directions on the application carefully. If enrolled at UAB in another major, complete a Change of Major Form indicating pre-respiratory therapy as major (form available from Registrar's Office)

B. Complete the Respiratory Therapy application and submit it to the Respiratory Therapy Program at the address listed on this form. An application fee of $25.00 must accompany this application. Make checks payable to: UAB. Please complete the application CAREFULLY. Please PRINT and complete all blanks. (applications are accepted and admission decisions will be made year round)

1. List your permanent address (your established place of residence that is unlikely to change, such as your parent's address) on #4. If you have a local address where you are living temporarily while attending school, list this address on #5; indicate how long the address can be used. Contact your local post office to determine your zip extension (4 additional numbers) and include this with your address information.

2. List each college attended in chronological order on #14. FAILURE TO LIST EVERY COLLEGE YOU ATTENDED IS CONSIDERED FRAUD AND MAY SUBJECT YOU TO DISCIPLINARY ACTION, INCLUDING DISMISSAL FROM THE UNIVERSITY.

C. Submit official transcripts from each junior college, college or university you have attended. In order to be official, all transcripts must be sent directly from the college attended to the UAB Undergraduate Admissions Office. Please note that all transcripts, the UAB application, and the Respiratory Therapy Program application must be completed before an admission decision can be made. IF YOU ARE CURRENTLY ENROLLED AT UAB, ALL YOU NEED TO DO IS SUBMIT THE RESPIRATORY THERAPY PROGRAM APPLICATION (ALONG WITH THE $25.00 APPLICATION FEE).

D. A visit to the UAB Hospital Respiratory Care Department to observe the activities of respiratory therapists is strongly recommended. Please complete the enclosed observation form and mail it to the Respiratory Therapy Program.

E. If accepted, students will be required to complete the UAB medical history questionnaire and physical, to include required immunizations, with satisfactory screening by the UAB Medical Center Student Health Service.

QUESTIONS CONCERNING ADMISSIONS SHOULD BE ADDRESSED TO:

Respiratory Therapy Program
School of Health Related Professions
University of Alabama at Birmingham
1705 University Ave.
RMSB - Room 486
Birmingham, AL 35294-1212
Telephone: (205) 934-3783
bsrst@uab.edu http://www.uab.edu/rt

The University of Alabama at Birmingham administers its education programs and activities, including admission, without regard to race, color, religion, sex, age, national origin, handicap, or Vietnam era or disabled veteran status. (Title IX of the Education Amendments of 1972 specifically prohibits discrimination on the basis of sex.) Direct inquiries to the UAB Affirmative Action Officer, The University of Alabama at Birmingham, Birmingham, Alabama 35294-2010.
APPLICATION FOR ADMISSION - RESPIRATORY THERAPIST PROGRAM
UAB SCHOOL OF HEALTH RELATED PROFESSIONS

Read carefully the accompanying instruction sheet. Please print all information and complete all blanks.

1. *Social Security Number (will become UAB student number) ________________________________

2. Last Name ____________________________ First ___________________________ Middle _________________________________

3. List any name used at any previous institutions _________________________________________________________

4. Permanent Address

   Street ____________________________ County ____________________________ Street ____________________________

   City ____________________________ State ____________________________ Zip + Ext. ____________________________

   Telephone ( )____________________________

5. Temporary Address until Month__________ Year__________

   Street ____________________________ County ____________________________ Street ____________________________

   City ____________________________ State ____________________________ Zip + Ext. ____________________________

   Telephone ( )____________________________

6. Place of Employment:__________________________________     Business Telephone ( ) _________________________

7. In case of emergency, notify:  Name____________________________________________________

   Relationship____________________________________   Telephone ( )______________________________ ___


10. *Date of Birth ____________________     11. Country of Birth________________________ Hometown________________________

12. Have you previously applied to any school/division at UAB? (  )Yes  (  )No  If yes, did you enroll? (  )Yes  (  )No

   Date of last attendance at UAB:  Month_____________________  Year___________________

13. High School Diploma/GED certificate was received at:  Name of School ____________________________

   State_____________________________  Date_____________________________  (  ) Diploma   (  ) GED

14. List ALL colleges attended in chronological order (include UAB if previously attended.

   Name of College

   Location

   Date (Mo/Yr)        Date (Mo/Yr)      # Hours

   (City/State)          1st Attended          Last Attended    Completed   Degree

   ____________________________   ___________________________    ____________   _____________   _________   ______

   ____________________________   ___________________________    ____________   _____________   _________   ______

   ____________________________   ___________________________    ____________   _____________   _________   ______

15. Have you ever been dismissed or on suspension at any college? (  ) Yes  (  ) No  If yes, on a separate sheet list the term and year, name of
the college and explanation and attach to this application.

I understand that completion of this application does not constitute admission to the UAB School of Health Related Professions. By my
signature, I verify that the information given on this form is true and complete. I understand that falsifying information can lead to
disciplinary action, including dismissal from the Respiratory Therapist Program and the University.

____________________________________________   _______________________
Applicant's Signature                                                        Date

*This information is not mandatory but is used to avoid confusing records. It is used for storage, retrieval and reporting of information.
Failure to provide this will not affect your admission. The recruiting and admission practices of this school are in keeping with federal
guidelines concerning race, color, religion, sex, age, national origin, disability or Vietnam era or disabled veteran status.
# PROFESSIONAL PHASE COURSES

## First Year
### Fall Semester Hours (12 Hours)
- RST 311 Principles of Patient Assessment 3
- RST 312 Basic Respiratory Care Procedures 4
- RST 313 Basic Respiratory Care Procedures Laboratory 2
- RST 314 Respiratory Care Pharmacology 2
- MT 400 Health and Safety Management 1
### Spring Semester (12 Hours)
- RST 321 Clinical Practicum in Respiratory Care I 4
- RST 322 Cardiopulmonary Anatomy & Physiology 3
- RST 323 Airway Management 2
- RST 324 Pulmonary Pathology 2
- RST 325 Directed Study in Respiratory Care I 1
### Summer Semester (12 Hours)
- RST 331 Clinical Practicum in Respiratory Care II 4
- RST 332 Mechanical Ventilation 4
- RST 333 Mechanical Ventilation Laboratory 2
- RST 334 Critical Care Monitoring 2

## Second Year
### Fall Semester (12 Hours)
- RST 411 Clinical Practicum in Respiratory Care III 4
- RST 412 Advanced Mechanical Ventilation 3
- RST 413 Special Procedures & Pulmonary Function Testing 3
- RST 414 Special Procedures Laboratory 1
- RST 415 Directed Study in Respiratory Care II 1
### Spring Semester (12 Hours)
- RST 421 Clinical Practicum in Respiratory Care IV 4
- RST 422 Long Term & Preventive Care 2
- RST 423 Perinatal/Pediatric Respirator Care 3
- RST 424 Long Term & Pediatric Laboratory 1
- RST 425 Laboratory Proficiency Practice 1
- RST 426 CRT Exam Review 1
### Summer Semester (12 or 13 Hours)
- RST 431 Clinical Internship 6
- RST 432 Directed Study in Respiratory Care III 2
- RST 433 Laboratory Proficiency Practice 2
- RST 427 Review of Critical Care Concepts 1

Select one of the following based on career goals:
- AHS 401 Organizational Studies in Health Care 4
- AHS 460 Research Methods 3

**Total Semester Hours for Professional Phase 72 or 73**
# UAB B. S. Degree Core Curriculum

(UAB Equivalents)  

<table>
<thead>
<tr>
<th>Area I. Written Composition (6 Hours)</th>
<th>Semester Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>English Composition I, II (EH 101,102)</td>
<td>6</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Area II. Humanities and Fine Arts (12 hours)</th>
<th>Semester Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Literature¹</td>
<td>6</td>
</tr>
<tr>
<td>Public Speaking (CM 101)</td>
<td>3</td>
</tr>
<tr>
<td>Fine Arts Elective</td>
<td>3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Area III. Natural Sciences and Mathematics (11 hrs)</th>
<th>Semester Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Precalculus Algebra (MA 105)</td>
<td>3</td>
</tr>
<tr>
<td>Introductory Chemistry I &amp; II (CH 105/106-107/108)</td>
<td>8</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Area IV. History, Social, &amp; Behavioral Sciences (12 hrs)</th>
<th>Semester Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introductory Sociology (SOC 100)</td>
<td>3</td>
</tr>
<tr>
<td>General Psychology (PY 101)</td>
<td>3</td>
</tr>
<tr>
<td>History¹</td>
<td>3</td>
</tr>
<tr>
<td>Elective¹</td>
<td>3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Area V. Preprofessional, Major, &amp; Elective Courses (23 hrs)</th>
<th>Semester Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction Biology (By 123)</td>
<td>4</td>
</tr>
<tr>
<td>Human Anatomy and Human Physiology (BY 115,116)</td>
<td>8</td>
</tr>
<tr>
<td>Statistics³ (MA 180 or PY 214)</td>
<td>3</td>
</tr>
<tr>
<td>Introduction to Microbiology (BY 261)</td>
<td>4</td>
</tr>
<tr>
<td>Physical Science⁴ (PHS 101)</td>
<td>4</td>
</tr>
</tbody>
</table>

¹A six-semester hour sequence either in literature or in history is required; if a second literature is chosen, it will apply as three of the elective hours in Area II Humanities and Fine Arts; if a second history is chosen, it will apply as three of the elective hours in Area IV History, Social, and Behavioral Sciences.

²Must be a complete sequence of Chemistry courses sequence for science majors may be substituted.

³If Statistics is taken in Psychology, it will **NOT** apply as the elective in the required 12 hours in the Social and Behavioral Science Area. An Additional course will be needed to satisfy that elective requirement.

⁴Physical Science should include an introduction to physics. Geology, earth science and Astronomy are not acceptable.
### Semester Fees

<table>
<thead>
<tr>
<th>Description</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition</td>
<td>$141/sem. hour</td>
</tr>
<tr>
<td>Student Service Fee</td>
<td>$35 + $8/hour</td>
</tr>
<tr>
<td>Building Fee</td>
<td>$32 + $3/hour</td>
</tr>
<tr>
<td>Student Health Service Fee</td>
<td>$75</td>
</tr>
<tr>
<td>Learning Resources Fee</td>
<td>$9/hour</td>
</tr>
<tr>
<td>Student Recreation Center Fee</td>
<td>$4/hour</td>
</tr>
<tr>
<td>On-Line Course Fee</td>
<td>$75/credit hour</td>
</tr>
</tbody>
</table>

### Additional Expenses

<table>
<thead>
<tr>
<th>Description</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitalization Insurance (optional)</td>
<td>variable</td>
</tr>
<tr>
<td>Professional Liability Insurance Fee</td>
<td>$4.5/sem.</td>
</tr>
<tr>
<td>Books/Supplies</td>
<td>variable</td>
</tr>
<tr>
<td>Medical History Review Fee</td>
<td>$5</td>
</tr>
<tr>
<td>Application Fee (UAB)</td>
<td>$25</td>
</tr>
<tr>
<td>Application Fee (Respiratory Therapy)</td>
<td>$25</td>
</tr>
<tr>
<td>Diploma Fees</td>
<td></td>
</tr>
<tr>
<td>B. S. Degree</td>
<td>$50</td>
</tr>
<tr>
<td>Certificate Fee</td>
<td>$20</td>
</tr>
<tr>
<td>Parking (annually)</td>
<td>$80</td>
</tr>
<tr>
<td>Non-Gated Facilities</td>
<td>$45 per term</td>
</tr>
</tbody>
</table>

1. Fees subject to change at the beginning of any term.
2. out-of-state, $353.00 per semester hour.
3. Required of all students unless evidence is provided of current hospitalization insurance. 2003-2004 premium for single student is $866.
4. Required of all SHRP students during terms of clinical coursework.
OBSERVATION VISIT FORM
Respiratory Therapy Program
School of Health Related Professions
The University of Alabama at Birmingham

Name of Applicant_________________________________________Term______________Year____________

Address: Street_____________________________City________________State_________Zip__________

A. To increase the applicant's knowledge and awareness of the respiratory therapy career area, applicants to the Respiratory Therapy Program are strongly encouraged to observe various procedures performed by respiratory therapy practitioners. While this is not a requirement for admission, applicants who participate will enhance their own knowledge and awareness of the respiratory therapy career area.

Applicants should contact the Respiratory Care Department at UAB Hospital at (205) 975-9560 to schedule an appointment, preferably with a credentialed practitioner of respiratory therapy. If the applicant has difficulty scheduling an appointment, please contact the Respiratory Therapy Program at (205)934-3783 for assistance.

The respiratory therapy practitioner with whom you meet should sign below verifying the observation visit and the date.

____________________________________________     __________      ______________________
Signature of Respiratory Therapy Practitioner                     Credentials           Date of Observation

B. Following the observation visit, the applicant should summarize the visit by describing (1) what procedures and areas were observed and (2) the role of the respiratory therapy practitioner in the health care delivery system (use additional sheet or the back of this form, if necessary).

Signature of Applicant_________________________________Date______________________________

The applicant should return the completed form as soon as possible to:

The Respiratory Therapy Program
School of Health Related Professions
The University of Alabama at Birmingham
1705 University Blvd., RMSB 486
Birmingham, AL 35294-1212