



LABETTE COMMUNITY COLLEGE RESPIRATORY CARE PROGRAM

2027 Program Information & Application Packet

Students interested in the Respiratory Care Program are admitted to the college on the same basis as other students, but admission to the college does not ensure admission into the Respiratory Care Program.

To be considered for LCC's Respiratory Care Program, the following Program Admission Criteria is required:

- ☐ Meet with LCC's Health Science Programs' Specialist - Email: loriw@labette.edu or respiratory@labette.edu for appointment
- ☐ Submission/completion of all application requirements and forms received no later than 4:30PM of the application deadline date. (see pg's: 5, 7, 9, 10, 11, 13, 15, 17)
- ☐ All High School (or Graduate Equivalent Degree) and College official transcripts must be received by LCC's Admissions Office <http://www.labette.edu/registrar/index.html>
- ☐ GPA of 2.0 (minimum) and successful completion of general education program prerequisite courses (see pg. 2): Anatomy & Physiology (5 credit hour course that includes lab) ***A&P must be completed within last 5 years**, College Algebra or College Algebra with Review, English Comp I or English Comp I with Review, English Comp II or Public Speaking, General Psychology and Medical Terminology. ***Successful completion is defined as earning at least a "C" or a "Passing" if course graded as pass/fail.**
- ☐ Three (3) Respiratory Care Program Prospective Applicant Reference Forms (see pg's: 13, 15, 17)
- ☐ One 8-hour Clinical Observation day with a hospitals Registered Respiratory Therapist to complete the required Respiratory Care Program Application Clinical Observation Record Form (see pg. 5 & 7) at one the following clinical education centers:
 - **Freeman Health** System Joplin, MO <https://www.freemanhealth.com/professional-development#964037043-3997433040>
 - **Ascension St. John Jane Phillips Medical Center** Bartlesville, OK contact Melissa Tibbetts: 316-727-1292
 - **Labette Health, Parsons, KS** Email Cindy Bass: cbass@labettehealth.com
 - **Coffeyville Regional Medical Center, Coffeyville, KS** Email Kara Thompson: ktompson@crmcinc.org
- ☐ Completion of the TEAS Exam with a overall proficiency score of >50% (see pg. 19)
- ☐ Submit to a criminal background check <https://candidate.precheck.com/StudentCheck?schoolId=3052> (see pg. 20)

***Although the Background Check is for clinical placement only, it is required to be completed by the application deadline date. It is suggested applicants submit their background check after they meet the TEAS exam minimum required score between April-June of the application year.**

*****Applicant interviews for applicants with a completed application, meeting all of the above criteria occurs after the application deadline date & is scheduled by the Health Science Programs' Specialist AFTER the Respiratory Department has reviewed all completed applicant files.**

All applications must be completed no later than

****APPLICATION DEADLINE: Tuesday, June 8th, 2027****

It is the applicant's responsibility to ensure the completeness of their application. Incomplete applications are not reviewed.

Upon Acceptance the following must be completed:

1. All general education courses that satisfy the Associate in Applied Science Respiratory Care Degree requirements should be completed prior to admission of the program. *If you receive financial aid, we do allow for one 3 credit hour prerequisite course to be taken during the first semester of the Respiratory Care Program that must be completed successfully with a letter grade of "C" or above that same fall semester.*
2. BLS/CPR certification for healthcare providers. ***Online CPR certification will not be accepted.** (A BLS/CPR course will be offered on LCC's Main Campus during the Fall Semester for Respiratory Care Program Students needing to complete this requirement.)
3. Satisfactory physical evaluation conducted by a physician, that includes up to date immunization records to permit students in the clinical area for patient safety showing: 2-step TB skin test results (or TB Blood Test), MMR(2) or Titer, Varicella(2) or Titer, Tetanus (within 10 years), Hep B (3) or waiver, 10 Panel Drug Screen (for clinical placement). Proof of current medical insurance along with other requirements or vaccinations the specific clinical site requires which may include but are not limited to, Flu and/or Covid-19. ***Accepted program applicants will receive the specific Health Science Program Student required physical evaluation/health record forms in their official acceptance letter packet.**

TO COMPLY WITH THE FAMILY EDUCATION RIGHTS AND PRIVACY ACT OF 1974 (FERPA)

No copies from the student file will be released once received by the Respiratory Therapy Program. Students should keep copies of all materials submitted to the program for their personal education records.

The Labette Community College, CoARC program number 200304, Associates of Applied Science in Respiratory Care, Parsons, Kansas, is accredited by the Commission on Accreditation for Respiratory Care (www.coarc.com)

2026-2027 PROGRAM CURRICULUM



LABETTE COMMUNITY COLLEGE RESPIRATORY CARE PROGRAM

Prerequisite courses prior to Program

*1- 3 credit hour prerequisite course may be taken during the 1st Fall Semester upon acceptance into the Respiratory Care Program

General Education Requirements	Credit Hours (20 Total)
ENGL 101 English Composition I	3
→ or ENGL 103 English Composition I with Review (5 credit hour course)	
ENGL 102 English Composition II	3
→ or COMM 101 Public Speaking	
MATH 115 College Algebra	3
→ or MATH 114 College Algebra with Review (5 credit hour course)	
BIOL 130 Anatomy & Physiology	5 *Must be completed within the last 5 years
PSYC 101 General Psychology	3
HEAL 106 Medical Terminology	3

RC Concentration Requirements

Program Credit Hours (51 Total)

*1 Credit hour is a clinical requirement course noted below is not covered by financial aid and is the students financial responsibility

1st Fall Semester (9 credit hours)

RESP 101 Fundamentals of Respiratory Care I	3
RESP 105 Respiratory Care Pharmacology	3
RESP 107 Cardiopulmonary Anatomy and Physiology	2
RESP 158 Fundamentals of Respiratory Care I Lab	1

1st Spring Semester (13 credit hours)

RESP 102 Fundamentals of Respiratory Care II	3
RESP 109 Clinical Practice I	2
RESP 115 Introduction to Mechanical Ventilation	3
RESP 160 Fundamentals of Respiratory Care II Lab	2
RESP 205 Respiratory Diseases	3

Summer Semester (6 credit hours)

RESP 119 Clinical Practice II	1
RESP 161 Advanced Mechanical Ventilation Lab	2
RESP 203 Advanced Mechanical Ventilation	3

HEAL 151 ACLS

*1 *clinical requirement, course is taught on campus & is not covered by financial aid*

2nd Fall Semester (11 credit hours)

RESP 110 Clinical Practice III	4
RESP 113 Neonatal and Pediatric Respiratory Care	3
RESP 153 RTE Review	1
RESP 213 Respiratory Care Topics & Procedures	3

2nd Spring Semester (12 credit hours)

RESP 148 Respiratory Comprehensive Review	2
RESP 207 Critical Care Medicine	3
RESP 211 Clinical Practice IV	5
RESP 212 Respiratory Care Professional Forum	2

Total Program Credit Hours Required = 71
to earn an Associate in Applied Science in Respiratory Care Degree



RESPIRATORY CARE PROGRAM APPLICATION

Completing all application requirements, Reference Forms & Clinical Observation Forms

The applicant may complete the application requirements in whichever order they choose, although it is highly recommended they schedule and complete their 8-hour clinical observation before covering the expense of either the TEAS exam &/or Criminal Background Check. Regarding the Criminal Background Check, wait to submit this requirement after May 1st and no later than the application deadline date of the year in which the application is due.

Legibly complete all application forms with either a blue or black ink pen (not in pencil). All application forms must be for the current application period using the correct upcoming application year form(s). The applicant is responsible for providing a self-addressed and stamped envelope to the person(s) they are giving their Reference &/or Clinical Observation form(s) to along with legibly writing their first and last name on each form. It is also suggested to mention the applications deadline date to each Reference and the Registered Respiratory Therapist they shadow so they are aware of when it must be received no later than. **Reference and clinical observation forms submitted without the applicants name and/or the appropriate signatures will be discarded.**

All Reference Forms and Clinical Observation Record Forms must be completed confidentially, returned to LCC's Respiratory Care Program in a confidentially sealed and initialed envelope by the Reference(s) or the Registered Respiratory Therapist who completes the form, *not the student*. It is the applicants responsibility to submit the correct/current year application forms to their reference(s) as well as to the RRT they observe during their 8-hour clinical observation day. **Outdated application forms received will not be accepted and it is the applicants responsibility to provide the correct/current application year form(s) to their reference(s) &/or the RRT they observed in the event they had given them the incorrect form(s).**

The Clinical Observation Confidentiality Form is to be completed at the beginning of their observation with the RRT they're observing be returned to the Respiratory Care Program *by the applicant*.

References that wish to include a written recommendation letter (*although a separate letter is not required*) may send it inside the sealed and initialed envelope they submit for the applicant along with the required confidentially completed Respiratory Care Program Application Prospective Student Reference Form.

It is the applicant's responsibility to read, understand, print and take all required/necessary form(s) to their reference(s) as well as with them to their clinical observation to provide for the RRT, Registered Respiratory Therapist. It is also the responsibility of the applicant to ensure that all required reference forms and clinical observation forms have their first and last name legibly printed in the appropriate application form spaces provided so the Health Science Programs' Specialist knows which applicant(s) file they belong to. It is the responsibility of the applicant to ensure that all required reference and clinical observation forms have been received by the Health Science Programs' Specialist.

Make sure your references *and* the observed Registered Respiratory Therapist who are confidentially completing the application form(s) you've provided them are each aware of your Respiratory Care Program Application deadline date as well as ask them to initial their sealed envelope before putting it in the mail.

Please be respectful of their part by providing them with a self-addressed & stamped envelope addressed to:
LCC / Respiratory Care, 200 S. 14th Street, Parsons, KS 67357

Reference Forms or Observation forms delivered or mailed by the student that are not in a sealed envelope initialed by the Reference or RRT, will not be accepted for the application.



Clinical Observation Instructions & Etiquette

The Clinical Observations are designed to give the prospective respiratory care program student an in-depth look at the operations of area within Respiratory Care Departments on a day-to-day basis. During the observation, the applicant will have the opportunity to interview a Registered Respiratory Care Technologist asking any questions pertaining to the profession they may have. The clinical observation is required to be scheduled and completed prior to the application deadline date.

The applicant is required to observe in a respiratory department within one of the affiliated hospitals listed on the cover page of this application packet or within a hospital that agrees to allow an 8-hour observation within their respiratory department as well as confidentially completes the required clinical observation form. During the applicants observation, they will have the opportunity to interview the clinical preceptor of that facility during their observation. The prospective program student will be evaluated in various categories of personal qualities, aptitude and skills through the current program application's Respiratory Care Program Clinical Observation Record form. The program applicant must print and provide the current application years LCC's Respiratory Care Program Clinical Observation Record form to the Registered Respiratory Therapist they shadow so the RRT can confidentially and correctly complete the required program application observation form with the applicants first and last name.

Scheduling an observation can be a lengthy process and it is highly recommended to schedule Clinical Observations as soon as possible. The applicant is responsible for scheduling the required 8-hour clinical observation. Observations are generally scheduled on a week day from 8am - 4pm, but may vary dependent upon what the clinical site schedules with an applicant. If an applicant has any questions or needs assistance in scheduling, please email respiratory@labette.edu or call the Health Science Programs' Specialist, 620-820-1157.

Applicants must meet hospital regulations regarding appropriate dress, tattoos and body piercings as well as observation/shadowing requirements of that facility.

General guidelines for a successful clinical observation experience:

Business casual attire is required—

- Dress slacks (clean and pressed); shirt or blouse (clean and pressed); closed toe shoes (clean)
- No jeans, ripped clothing, open toe shoes, shorts, hats or shirts with writing on them
- All clothing must fit properly without exposure of any inappropriate body part (even when bending over)
- Demonstrate good hygiene practices with long hair pulled back and well groomed facial hair
- Cover tattoos and remove piercings
- Conservative earrings/jewelry
- No perfume

Courtesy to the staff is required—

- You are a guest in their facility, act accordingly
- Be engaged in the process
- No cell phone usage during observation hours
- Be on time
- Display a positive attitude
- Ask questions in a sensitive manner
- Print the current application years Respiratory Care Program Application Clinical Observation Record form and provide it along with a self-addressed/stamped envelope addressed to: LCC/Respiratory, 200 S. 14th ST., Parsons, KS 67357 for the shadowed Registered Respiratory Therapist to confidentially complete & mail it to be received by the application deadline date.
- Make sure the shadowed RRT is aware of the current application deadline date.
- Thank the staff for their time

Any information regarding application submissions that are found to have been falsified, the applicants application will be withdrawn and the applicant will be withdrawn from the application process. It is the applicant's responsibility to ensure the completeness of their application.



Applicant's First & Last Name: _____

Observation Date: _____

Each of these questions must be marked with a clear YES or NO answer	YES	NO
WAS THE APPLICANT:		
Punctual - arrived no later than 8am?		
Prepared - provided observation form?		
Prepared - provided observation confidentiality form?		
Prepared - brought a self-addressed/stamped envelope?		
Prepared - engaged with and asked the RRT questions?		
Present in the respiratory department for one full 8-hour day ?		
Physically able to perform the job?		
Appropriately dressed?		
Phone usage - were they on their phone during the observation?		

Hospital's Respiratory
Department Observed:

Facility's Location
(City & State):

Respiratory Dept Phone#

Each of the following questions must be marked with a clear answer	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
WAS THE APPLICANT:					
Engaging?					
An effective communicator?					
Positive and upbeat?					
Attentive throughout their 8-hour observation day?					
Willing and eager to learn?					
Emotionally Stable?					
Sure of career choice?					
Knowledgeable of respiratory therapy and career expectations?					

Would you recommend this applicant for your clinical site as a program student upon acceptance? <i>Mark a clear answer along with providing a written explanation below</i>	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

***REQUIRED:** Please explain why you would or would not recommend this applicant for your site:



2027 RESPIRATORY CARE PROGRAM APPLICATION Clinical Observation Confidentiality Form

Statement of Confidentiality

I, the undersigned, as a prospective student of the Respiratory Care Program at Labette Community College, understand that I am assigned to the Respiratory Department of

Observation Facility Name and Location (City and State)

for observation and that all information concerning patients is to be treated as “confidential”. Patient information is NOT to be discussed with anyone outside the confines of the Respiratory Department. I understand that disregard for the above statements or any violation on my part will jeopardize my acceptance into LCC's Respiratory Care Program.

Applicant Name: _____ (legibly printed First and Last name)

Applicant Signature: _____ Date: _____

I, the undersigned RRT, witnessed the Respiratory Care Program applicant's acknowledgment and signature of their Statement of Confidentiality for their clinical observation at this facility today. I agree to submit the completed Clinical Observation Form, sealed in an envelope and initialed on the back by the current application year deadline to:
LCC/Respiratory Care Program, 200 S. 14th, Parsons, KS 67357

RRT Name: _____ (legibly printed First and Last name)

RRT Signature: _____ Date: _____

Application Deadline Date: June 8th, 2027 by 4:30PM

This Statement of Confidentiality is to be returned to LCC's Respiratory Care Program by the prospective program student.

Alternate Personal E-mail Address

Street City State Zip Phone _____

Signature _____ Date _____

Labette Community College is an equal opportunity employer and equal access institution. Accordingly, the College admits students, grants financial aid and institutional scholarships, conducts all educational programs, activities, and employment practices without regard to an individual's race, color, religion, ethnic or national origin, ancestry, age, sex, gender identity, sexual orientation, marital status, genetic information, disability or military and veteran status in accordance with Titles VI, VII, IX, and section 504 of the Rehabilitation Act of 1973 and all other applicable civil rights and nondiscrimination laws. Inquiries should be directed to the Director Human Resources or the Vice President of Student Affairs at Labette Community College, 200 South 14th Street, Parsons, KS 67357, Telephone: (620) 421-6700, Email to: hr@labette.edu and titleix@labette.edu



2027 APPLICATION

WORK EXPERIENCE (within the last ten years)

Employment Dates

Type of Work	Name of Employer	Location	From	To	Reason for Leaving

Have you ever been cited for Academic Dishonesty? ☐ YES ☐ NO If yes, explain:

Have you ever had a history, charge or conviction of a misdemeanor or felony? ☐ YES ☐ NO If yes, explain:

If you answered "yes" to the question immediately above, you must submit official documentation of the disposition of charges. This must be received by the Respiratory Care Program prior to the application deadline. Also note that some traffic violations are considered a misdemeanor; speeding tickets, seatbelt, or parking tickets, etc.) Be advised that any adverse results from a background check may disqualify you from admittance to some of the program's clinical sites, which is a required portion of the program curriculum. Successful completion of all program requirements will be required before the NBRC Certificate of Completion from LCC Respiratory Care Program may be granted.

IF YOU ANSWERED "NO" AND YOUR BACKGROUND SHOWS ANYTHING OTHER THAN "CLEAR", OR YOU ANSWERED "YES" AND OFFICIAL DOCUMENTATION WAS NOT RECEIVED PRIOR TO THE APPLICATION DEADLINE, THIS APPLICATION WILL BE WITHDRAWN FROM THE APPLICANT POOL

I verify that I understand it is my responsibility to contact the Respiratory Care Program Director at LCC, to discuss any adverse results found (or not found) from a background check that might prevent me from obtaining certification.

I certify that all information contained in this application is true and correct to the best of my knowledge.

Signature: _____ Date: _____

A statement of race and financial status is used only for the statistical information required on state and federal forms. Applicants are advised that disclosure of their social security number, date of birth, and information regarding conviction of crimes/infractions is required information for certification requirements as set forth by National Board of Respiratory Care and not used to determine a student's eligibility for the Respiratory Care Program.

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LABETTE COMMUNITY COLLEGE
RESPIRATORY CARE
PROGRAM

2027 APPLICATION

Upon Acceptance Requirements Acknowledgement Form

I, _____ (Applicant First & Last Name) acknowledge I have thoroughly read and understand the information and/or requirements stated within the current Respiratory Care Program Application. I certify that all the information contained in this application is true and correct to the best of my knowledge. If any information contained herein is found to have been falsified, this application will be withdrawn and the applicant will be withdrawn from the application process.

I further understand that ***upon acceptance, should I choose to accept the offered seat*** in the upcoming Respiratory Care Program Class of 2029, the following items are required, must be completed as well as received by LCC's Health Science Programs' Specialist by the due dates specified in the applicant's Respiratory Care Program's Acceptance Letter. ***DO NOT SUBMIT A PHYSICAL OR IMMUNIZATION RECORDS AT THIS TIME UNLESS REQUIRED FOR A CLINICAL OBSERVATION**

- 1) All general education courses that satisfy the Associate in Applied Science in Respiratory Care Degree requirements must be completed by August 1st, 2027 (with the exception of one 3-credit hour pre-requisite course if needed upon acceptance).
- 2) All High School (or Graduate Equivalent Degree) and College official transcripts must be received by LCC's Admissions Office <http://www.labette.edu/registrar/index.html> showing all Respiratory Care Program General Education Pre-Requisite Courses **attempted and most recently** have been completed with a successful completion grade earning at least a "C".
- 3) An overall GPA of 2.0 (minimum) figured with the completed Respiratory Care Program Pre-Requisite General Education requirements are required to be upheld and completed by August 1, 2027.
***Anatomy & Physiology 5 credit hour prerequisite course must have been completed within the last five years.**
- 4) A BLS/CPR course will be offered on LCC's Main Campus during the first Summer Semester as a current and valid BLS/CPR certification for healthcare providers acquired through the American Heart Association is a clinical requirement. This requirement must be completed through an in person certification course prior to being able to begin a clinical rotation within Labette Community College's Respiratory Care Program. The cost of this certification is the students financial responsibility. **Online CPR certification will not be accepted.**
- 5) Accepted applicants will receive the required LCC physical evaluation/health record forms in their official acceptance letter packet. A satisfactory physical evaluation conducted by a physician/healthcare provider, that includes up to date immunization records to permit students in the clinical area for patient safety showing: 2-step TB skin test or TB blood test results (updated annually), MMR(2) or Titer, Varicella(2) or Titer, Tetanus (within 10 years), Hep B (series of 3) or Hep B Waiver on file, 10 Panel Drug Screen (for clinical placement and the specific random drug screen forms will be provided to program student by the Health Science Programs' Specialist). Proof of current medical insurance along with other requirements or vaccinations the specific clinical site requires which may include but are not limited to, Flu (annually) and/or Covid-19 (Medical or Religious exemption/declination may vary specific to the clinical site requirements).
 - The cost of a physical, immunization(s) and/or certifications is the students financial responsibility. The applicants physician/healthcare provider must complete and sign each of the required forms as well as provide copies of immunization records/documents.
 - For clinical placement, the drug screen fee is included in the Respiratory Care Program Student Course Fee's. The program student will be notified prior to attending clinical when they are to complete their drug screen through Labette Health's 1902 U.S. 59, Parsons, KS 67357 location. Drug Screen's completed outside of the Parsons Labette Health location on the specified scheduled date will not be accepted nor covered under their Respiratory Care Program Student Fee's.

Applicant Signature: _____ Date: _____



Application Deadline Date: June 8th, 2027 by 4:30PM

2027 APPLICATION**Prospective Student Reference Form**

I, (Respiratory Care Program applicant) _____, waive my right to view this reference form.
Legibly print both applicants First and Last Name

This reference is confidential and each category/field must be rated. On a scale of one to five, with one (1) being the lowest possible rating and five (5) being the highest, please rate the applicant named above. If you cannot rate the applicant in all areas, please notify them so they can ask another reference. Place this form in an envelope, seal the envelope initial the seal and return/mail to: LCC/Respiratory Care Program, 200 South 14th Street, Parsons, KS 67357.

	Poor	Average	Excellent		
	1	2	3	4	5
PERSONAL QUALITIES					
Professional Appearance					
Cooperation					
Dependability					
Emotional Control					
Honesty					
Judgment					
Personality					
Punctuality					
APTITUDE AND SKILLS					
Adaptability					
Initiative					
Intellect					
Leadership					
Manual Dexterity					
Organizational					

Your relationship to the applicant: ☐ Employer ☐ In-person Instructor (Teacher)

(Family member or friend references will not be accepted.)

1. Would you endorse this applicant as a candidate for a health care career? ☐ Yes ☐ No
2. If you had the opportunity to employ this individual, would you do so? ☐ Yes ☐ No
3. Any additional comments about the applicant, please mention below:

Please Print Name: _____

Date: _____

Signature: _____ Phone #: _____

Title/Occupation: _____



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	Poor	Average	Excellent		
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Initiative					
Intellect					
Leadership					
Manual Dexterity					
Organizational					

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Professional Appearance					
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Personality					
Punctuality					
APTITUDE AND SKILLS					
Adaptability					
Initiative					
Intellect					
Leadership					
Manual Dexterity					
Organizational					

Your relationship to the applicant: ☐ Employer ☐ In-person Instructor (Teacher)

(Family member or friend references will not be accepted.)

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3. Any additional comments about the applicant, please mention below:

Please Print Name: _____

Date: _____

Signature: _____ Phone #: _____

Title/Occupation: _____

Thursday, November 5, 2026	9:00 AM - 1:00 PM	
Thursday, November 19, 2026	9:00 AM - 1:00 PM	
Thursday, December 3, 2026	10:00 AM - 2:00 PM	
Thursday, December 10, 2026	11:00 AM - 3:00 PM	
Thursday, January 14, 2027	9:00 AM - 1:00 PM	
Thursday, January 28, 2027	9:00 AM - 1:00 PM	
Thursday, February 4, 2027	10:00 AM - 2:00 PM	
Thursday, February 11, 2027	11:00 AM - 3:00 PM	
Thursday, February 18, 2027	11:00 AM - 3:00 PM	
Thursday, February 25, 2027	9:00 AM - 1:00 PM	
Monday, March 1, 2027	11:00 AM - 3:00 PM	*LAST CHANCE FOR NURSING
Monday, March 8, 2027	11:00 AM - 3:00 PM	*LAST CHANCE FOR RADIOLOGIC TECHNOLOGY
Thursday, May 27, 2027	9:00 AM - 1:00 PM	
Monday, June 7, 2027	9:00 AM - 1:00 PM	*LAST CHANCE FOR RESPIRATORY

- Scheduling your exam: Email teas@labette.edu the offered exam date you wish to sit for the TEAS Exam along with your current cell phone number, which Health Science Program(s) in which you are applying to, and the number of attempts for this application process. You will receive a confirmation email regarding your scheduled TEAS exam with any additional information you will need as well as payment options for the **nonrefundable TEAS Exam Fee**.
- The **\$70.00* nonrefundable TEAS payment** is to be paid 48 hours PRIOR to your scheduled exam date to secure your seat. Unpaid scheduled seats may be forfeited should the available seats be filled by paid/secured student seat(s) on that specific exam dates . Payment's can be made using LCC's payment link for [Workshops and Testing Fee's](#) that is located on **LCC's Home Webpage** under "One Time Payment Option". ****Make sure you choose the "TEAS Exam" option under Labette Community College Emarket Items so the Business Office will apply your payment correctly as well as notify us to mark you as having paid the exam fee.** Payments may also be made by calling LCC's Business Office 620-820-1282 or 620-820-1231 Monday-Thursday 8:00 a.m. to 4:30 p.m. Applicants who miss their scheduled exam must reschedule and pay a new test fee.
- After scheduling your proctored TEAS Exam, and prior to your scheduled exam date, create an ATI account by going to www.atitesting.com. When setting up the ATI Account, select Labette CC ADN as your institution. **Students who do not have their account set up prior to arriving for their exam will not be allowed to test that day. A new test date will need to be scheduled and paid for.**
- Arrive at the **Zetmeir Health Science Building, 103 S. 13th, Parsons, KS 67357 on LCC's Main Campus**, no later than 10 minutes prior to the test date you're scheduled for. ****No electronics will be allowed during test, smart watches, Fitbits, AI glasses, etc.** If you are seen with these, your test will be stopped and reported to ATI.
- Have your ATI Account Log in information and your valid, current photo ID; both are required to test.
- If you arrive to find the door closed, you have missed your opportunity to test and will need to reschedule.

Proctors have the right to dismiss any student who does not have any of the following upon arrival: (1) ATI account created, (2) Nonrefundable \$70 TEAS fee paid, and/or (3) current photo ID. A new exam will need to be scheduled and paid for.

The TEAS Exam is a multiple-choice assessment of basic academic knowledge in Reading, Math, Science and English and Language usage. Schools use this assessment to determine readiness for an allied health program and to ensure your success. The objectives assessed on the TEAS exam are those which allied health educators deemed most appropriate and relevant to measure entry level skills/ abilities of healthcare students. ATI Study Guides can be purchased at www.atitesting.com or may be available for check out in the Student Success Center, 620-820-1147. TEAS study example questions can be found at: www.testprepreview.com Enter TEAS in "Find your free practice test" box.

TEAS scores will not be accepted after program application deadlines. It is the program applicant's responsibility to ensure tests have been turned in with their applications. Submission of TEAS Exam Results: If the applicant takes their TEAS exam on LCC Campus, their test results will be printed by the Program Specialist and added to their application file. If an applicant takes their TEAS Exam through another testing site or chooses to have it proctored online through ATI, the applicant is responsible for ensuring they're taking the correct TEAS exam type and version as well as submitting their official ATI TEAS Exam Results by paying the ATI assessed fee through their ATI account and submitting it to LABETTE CC ADN. The results must be received no later than the programs application deadline date in which the applicant is applying to.

In the event LCC closes due to inclement weather, the exam will be rescheduled for the next available exam date. You will be contacted for the new date.

Tests will not be scheduled outside of these dates. Health Science Program Applicants can take the TEAS Exam on any of the available dates from November up until the last available date prior to, but not past, their programs application deadline date.
***TEAS fee subject to change at any time according to ATI.**



LABETTE COMMUNITY COLLEGE RESPIRATORY CARE STUDENT INSTRUCTIONS

STOP:

Applicants who are under the age of 18 are required to have parental/legal guardian signature forms completed and submitted to PreCheck. *Do not follow the online instructions below if you are under the age of 18 years old prior to the program application deadline date and email: respiratory@labette.edu for the necessary background check forms and further instructions**

Background checks are required to ensure the safety of patients treated by students in the clinical education program. The reports are typically completed within 3-5 business days; however, you must submit your order in sufficient time for the report to be received by the Health Science Programs' Specialist dated the year the application is due and no later than the program's application deadline date. The background check is conducted by PreCheck, Inc., a firm specializing in the healthcare industry.

GETTING STARTED

Follow this link to [MyStudentCheck](#)

If you are unable to access the link, you may type in the web address located at the bottom of this page.

- Confirm the school name matches: **LABETTE COMMUNITY COLLEGE RESPIRATORY CARE**
- Select your program from the drop down menu, and then select background check.
- Log in with your username and password. If you do not have an existing profile, please create a new account.
- Enter the required information, provide authorization, and continue to enter payment information.
- If you need further assistance, please contact PreCheck at StudentCheck@PreCheck.com.
- You will be provided with a receipt and confirmation page when your order is placed.

PRICING

Background Check **\$60.62**

Applicable taxes will be collected for residents of Texas and New Mexico.

FREQUENTLY ASKED QUESTIONS

1. What does PreCheck do with my information?

Your information will only be used for the services ordered. Your credit will not be investigated and your name will not be given out to any businesses.

2. I selected the wrong school, program or incorrect information.

Please email StudentCheck@PreCheck.com with the details.

3. Do I get a copy of the background report?

Yes, go to www.mystudentcheck.com, log in, and select Check Status.

4. I was denied entry into a program because of information on the report, who can I contact?

Call PreCheck's Adverse Action hotline at 800-203-1654.



PROGRAM INFORMATION

200 S. 14th Street, Zetmeir Health Science Building, Parsons, KS 67357 <https://www.labette.edu/respiratory/index.html>

Admissions Criteria:

- ✓ Minimum GPA, 2.00
- ✓ Proficient TEAS Exam Score ≥50%
- ✓ Three (3) References
- ✓ 8-hour Clinical Observation
- ✓ Completed Program Application
- ✓ All High School or Graduate Equivalent Degree
- ✓ College official transcripts
- ✓ Background Check

Prerequisites:

- ✓ Anatomy and Physiology (5 cr.)*within last 5 years
- ✓ English Comp I (3 cr.)
 - or English Comp I with Review (5 cr.)
- ✓ English Comp II or Public Speaking (3 cr.)
- ✓ General Psychology (3 cr.)
- ✓ College Algebra (3 cr.)
 - or College Algebra with Review (5 cr.)
- ✓ Medical Terminology (3 cr.)

Respiratory Therapist Overview:

Respiratory Therapists are health care professionals responsible for the care of patients with deficiencies and abnormalities of the cardiopulmonary system. The scope of practice crosses all patient, client, resident populations, and care sites.

Program Information:

- ✓ 22-month program (new cohort begins each fall semester)
- ✓ Estimated Program Cost: \$15,832 (In-State)
- ✓ Prepares students with demonstrated competence in cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains of respiratory care practice.
- ✓ 100% Job Placement

Perks:

- ✓ More One-on-One with Faculty
- ✓ In-person classroom instruction
- ✓ Hands-on Lab and Simulation Center
- ✓ Clinical rotations
- ✓ Scholarships Available
- ✓ Promotes Positive Thinking and Teamwork

Specialty Areas:

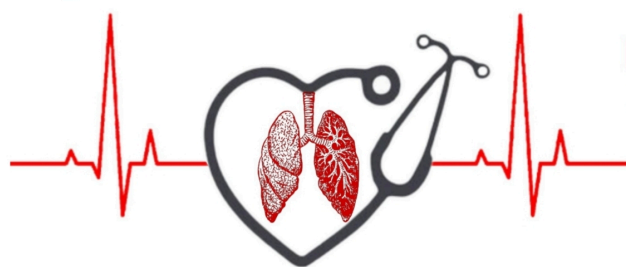
- ✓ Pulmonary Function Lab
- ✓ Neonatal Intensive Care Unit
- ✓ Pediatric Intensive Care Unit
- ✓ Adult Intensive Care Unit
- ✓ Sleep Lab
- ✓ Home Health
- ✓ Travel Respiratory Therapist
- ✓ Flight Respiratory Therapist
- ✓ Pulmonary Clinic
- ✓ Pulmonary Rehab

Labette Community College's Respiratory Care program is in alignment with the National Center for Education Statistics (NCES) CIP Code 51.0908: Respiratory Care Therapy/Therapist. A program that prepares individuals, under the supervision of physicians, to assist in developing respiratory care plans, administer respiratory care procedures, supervise personnel and equipment operation, maintain records, and consult with other health care team members. Includes instruction in the applied basic biomedical sciences; anatomy, physiology, and pathology of the respiratory system; clinical medicine; therapeutic procedures; clinical expressions; data collection and record-keeping; patient communication; equipment operation and maintenance; personnel supervision; and procedures for special population groups.

The Labette Community College, CoARC program number 200304, Associates of Applied Science in Respiratory Care, Parsons, Kansas, is accredited by the Commission on Accreditation for Respiratory Care (CoARC) www.coarc.com

CoARC accredits respiratory therapy education programs in the United States. To achieve this end, it utilizes an 'outcomes based' process. Programmatic outcomes are performance indicators that reflect the extent to which the educational goals of the program are achieved and by which program effectiveness is documented.

Contact us: Text #RESP to 620-205-5301, email respiratory@labette.edu or call 620-820-1157



LABETTE COMMUNITY COLLEGE
**RESPIRATORY CARE
 PROGRAM**

LCC RESPIRATORY CARE



PROGRAM INFORMATION

Please contact us if you have any questions!!

LCC Respiratory Care Program Email: respiratory@labette.edu

Respiratory Care Program Director
 620-820-1160

Jennifer Harding, B.S., RRT
 Respiratory Care Clinical Coordinator
 620-820-1161
jenniferk@labette.edu

Betty Ellis,,RRT
 Respiratory Care Simulation & Skills Lab Coordinator
bettye@labette.edu

Lori Weaver, A.A.S., L RT (R), DMS
 Health Sciences Programs' Specialist
 620-820-1157
loriw@labette.edu

LCC Health Science Programs' FAX: 620-421-1539

Labette Community College is an equal opportunity employer and equal access institution. Accordingly, the College admits students, grants financial aid and institutional scholarships, conducts all educational programs, activities, and employment practices without regard to an individual's race, color, religion, ethnic or national origin, ancestry, age, sex, gender identity, sexual orientation, marital status, genetic information, disability or military and veteran status in accordance with Titles VI, VII, IX, and section 504 of the Rehabilitation Act of 1973 and all other applicable civil rights and nondiscrimination laws. Inquiries should be directed to the Director Human Resources or the Vice President of Student Affairs at Labette Community College, 200 South 14th Street, Parsons, KS 67357, Telephone: (620) 421-6700, Email to: hr@labette.edu and titleix@labette.edu