



**SUMMER 2025 RC PROGRAM APPLICATION FORM
(FA25-FA26 RC Class)**

APP# _____

GENERAL INFORMATION: This application is for admission to the Respiratory Care program at LSU Eunice. By completing this form, you are seeking admission to the clinical portion of this program. All applications must be received by **June 1st**. If you have any questions regarding this application, please call 337-550-1311 or email kreynold@lsue.edu

Instructions:

1. Fill out this application and return it to Health Sciences & Business Technology, T-104 by **June 1st**. Only mail this application if you are **NOT** currently attending LSUE as a student & are unable to come in person. The application must arrive by **June 1st** to be considered for admission for the 2025 – 2026 RC Class.

Our address is:

**LSU Eunice, Health Sciences & Business Technology
P. O. Box 1129
Eunice LA 70535**

Include a copy of **ALL** transcripts from colleges you have attended or have them submitted to LSUE Admissions before the deadline for applications. If you are currently enrolled in a university other than LSUE send a copy of the transcript to Health Sciences & Business Technology immediately following the posting of those final grades. These final grades must be received before the program selection date. LSUE Admissions will also need an official copy sent from that University as soon as possible. Please complete and return the **Transcripts Release Form** attached to this application.

2. Apply separately for general admission, if **not currently enrolled at LSU Eunice**. Contact the Office of Admissions, LSU Eunice, P. O. Box 1129, Eunice, LA 70535 or register online at www.lsue.edu. The university application must also be completed by **June 1st**.
3. Attach all supporting documentation or this application will be considered incomplete and will not be accepted for consideration for admission unless all documents are attached.
4. Please read important information regarding Financial Aid attached.
5. All applicants must take the NLN NEX Examination. Please refer to the information in this packet for registering for the Entrance Examination. The NLN NEX can be taken **ONCE** per application. Exam must be paid for and scheduled by June 1st. **TURN IN PROOF OF PAYMENT AND PROOF OF SCHEDULED EXAM FROM LSUE TESTING CENTER WITH APPLICATION.**
6. All applicants must attend an orientation advising session when scheduled. Applicants will receive an email with the available dates in June.



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7. Completion of the following pre-requisite courses:

| | | |
|------------------------|--|------------------------|
| English 1001 | English Composition 1 | 3 credit hours |
| English 1001 | English Composition 2 | 3 credit hours |
| Math 1015 or Math 1021 | Applied College Algebra or College Algebra | 3 credit hours |
| Psychology 2070 | Developmental Psychology of the Life Span | 3 credit hours |
| Biology 1160 & 1161 | Human Anatomy & Human Anatomy Lab | 4 credit hours |
| Biology 2160 & 2161 | Human Physiology & Human Phys. Lab | 4 credit hours |
| Physics 1001 or 2001 | Principles of Physics or General Physics | 3 credit hours |
| Chemistry 1001 | Chemistry I (Non-Science Majors) | 3 credit hours |
| Math 1425 | Elementary Statistics | 3 credit hours |
| Allied Health 1013 | Medical Terminology | 2 credit hours |
| RC 1001 | Introduction to Respiratory Care | 2 credit hours |
| Humanities elective | | 3 credit hours |
| Fine Arts elective | | 3 credit hours |
| | TOTAL | 39 CREDIT HOURS |

8. Upon acceptance into the RC Program, a mandatory drug screen and background check will be required.
9. It is the right and privilege of all clinical sites to request that a drug test be performed prior to beginning (or at any time during) the clinical rotation in any facility. Failure to participate in any such drug test is grounds for dismissal from the Respiratory Care program.
10. By signing below, I authorize Louisiana State University Eunice to obtain and utilize records of Code of Conduct and policy violations as part of the selection process into the Respiratory Care program.

CERTIFICATION: I certify that I have read this application and instructions and that to the best of my knowledge the information given is correct and complete. I understand that if it is later determined to be otherwise, my application will be invalid. I am enclosing the appropriate application fee and am aware of the application deadline as stated in the instructions. I understand that before an admission decision can be made, completed applications, fee, and all scholastic records must be on file in the Health Sciences and Business Technology office.

Signature _____ Student ID _____ Date _____



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Please number all programs you are applying for in the health Sciences & Business Technology Division by placing a number for your preference. (example 1, 2, 3, 4) *You must complete a separate application for each program*

_____ Radiology _____ Nursing _____ Respiratory _____ DMS _____ Surgical Tech

Name: _____ Student ID: _____

List any other names under which your records may be filed: _____

Mailing address: _____ City _____

State _____ Zip Code _____

Cell Phone _____ Alt. Phone _____

Social Security Number _____ - _____ - _____ Email address _____

Are you currently enrolled in a college or university? Yes _____ No _____

If so, please specify institution _____

ALL COMPLETE TRANSCRIPTS FROM OTHER UNIVERSITIES MUST BE SENT TO HEALTH SCIENCES AS SOON AS THE SEMESTER ENDS.

List all colleges, universities, or hospital-based programs which you have previously attended in chronological order. All institutions must be listed regardless of whether credit was earned or desired. Failure to indicate attendance at another college or university may result in admission being denied or subsequent dismissal.

Have you completed all of the prerequisite for the Respiratory Care Program? Yes _____ No _____

Will you be complete with prerequisites in spring semester of application period? Yes _____ No _____

List all courses in which you are currently enrolled and if not at LSU-EUNICE the college/university in which you are enrolled for the courses. _____

DOCUMENTATION OF HEALTHCARE DEGREE (if applicable)

Please list all applicable (and attach copy of documentation to validate):

Professional Credentials: _____

Degree(s): _____



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TRANSCRIPT RELEASE FORM

THIS IS NOT AN APPLICATION FORM. THIS IS ONLY A REQUEST FOR DOCUMENTS TO BE TRANSFERRED TO THE DIVISION OF HEALTH SCIENCES & BUSINESS TECHNOLOGY.

Name: _____ Student ID _____

I have completed an application for admission to:

_____ Nursing

_____ Radiology

X Respiratory

_____ DMS

_____ Surgical Technology

This document will serve as a release of records in the event that LSU Eunice faculty or staff needs to request a transcript on behalf of the student:

_____ College transcripts from: (list colleges)

LSU EUNICE _____

I understand it is my responsibility to ensure that all required documents are received by the Division of Health Sciences & Business Technology.

Signature

Print Name



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TECHNICAL PERFORMANCE STANDARDS

Respiratory is a practice discipline with cognitive, sensory, affective, and psychomotor performance requirements. Based on those requirements, a list of “Technical Standards” has been developed. Each standard has an example of an activity or activities that a potential student will be required to perform while enrolled in the respiratory program. These standards are a part of each Respiratory course and of a respiratory therapist’s professional role expectation. PLEASE KEEP THIS FORM FOR YOUR RECORDS.

| PERFORMANCE | STANDARD | ESSENTIAL ACTIVITIES/TASK (NOT ALL INCLUSIVE) |
|---|---|--|
| Critical Thinking/Problem Solving | Critical thinking ability sufficient for safe clinical judgment | <ul style="list-style-type: none">• Identify cause-effect relationships in clinical situations.• Utilize patient assessment techniques to develop or alter respiratory procedures.• Interpret and carry out written and verbal communication often in stressful, chaotic situations.• Prioritize tasks and make appropriate decisions related to situations.• Apply information in classroom to clinical setting, adapting to patient’s needs. |
| Interpersonal abilities sufficient to appropriately interact with individuals, families, and groups from a variety of social, emotional, cultural, and intellectual backgrounds | Interpersonal Behavioral and Social Skills | <ul style="list-style-type: none">• Establish rapport and maintain professional boundaries in relationships with patients, families, and colleagues.• Willingness to resolve conflicts and to respond to feedback in a professional manner.• Function effectively under stress.• Adapt to changing environments (flexible schedules, emergency conditions, etc.)• Display compassion, professionalism, empathy, integrity, concern for others, interest, and motivation.• Perform procedures on patients in pain from trauma, disease, or under the influence of drugs/alcohol. |
| Communication | Communication abilities sufficient for interaction with others in verbal and written form | <ul style="list-style-type: none">• Effectively communicate in English with patients, families, and health care colleagues.• Explain respiratory procedures, initiate health-teaching, document and interpret respiratory technology actions and patient/client resources.• Demonstrate ability to communicate orally concerning patients.• Read the patient’s health record and/or physician orders.• Legibly write patient history and notes.• Document own actions & patient responses as indicated. |



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| Mobility/Dexterity | Ability to sufficiently assist patients in moving and walking, maneuver in small spaces, and provide safe and effective patient care in a timely fashion | <ul style="list-style-type: none">• Assist all patients in proper positioning to perform respiratory care modalities.• Be able to push, pull and lift 50 pounds independently.• Push a stretcher, wheelchair, or other transportation devices without injury to self, patient, or others without assistance.• Move respiratory equipment from one location to another, including corners, getting on and off elevators, and manipulating it in a patient's room unassisted.• Administer CPR, chest compressions |
| Motor Skills | Fine and gross motor abilities sufficient to provide safe and effective care in a timely fashion | <ul style="list-style-type: none">• Manually move and position respiratory equipment ease• Maintain sterile technique when performing various procedures.• Perform various procedures requiring the use of hand and eye coordination.• Properly utilize respiratory supplies• Demonstrate method for properly setting respiratory equipment.• Demonstrate endurance by standing for long periods (6- 8 hours) of time and walking a distance of at least 3-5 miles. |
| Observational/ Interpretive Skills | Ability to complete assessment of physical health conditions, implementation of patient care and monitoring procedures; and to monitor for issues related to environmental and patient safety | <ul style="list-style-type: none">• Observe patient responses; read orders; obtain data from computer screens; control panel buttons/patient monitors.• Obtain data from radiographs for assessment and determination of tube placement.• Detect environmental issues that are contributory to assessing and/or maintaining patient's health status. |
| Self-care | Ability to present professional appearance and implement measures to maintain own health | <ul style="list-style-type: none">• Implement universal precautions; follow established procedures for body hygiene. |
| Hearing | Auditory skills sufficient to monitor and assess patient's health needs | <ul style="list-style-type: none">• Detect and respond independently to monitoring alarms,• signs of patient's distress and/or a patient's• communication of distress.• Use the telephone to discuss the patient's status with the healthcare team and relay lab• reports, etc., and answer questions from other clinicians.• Must be able to respond to audible paging systems independently. |



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| | | <ul style="list-style-type: none">• Respond independently to questions and instructions from other health care providers; and in proximity as well as at a distance of 20 feet, with and without the presence of extraneous noises.• Respond to verbal communication from patients and/or clinicians while the person is wearing an oxygen or surgical face mask. |
| Visual | Visual ability sufficient for observation and assessment necessary in the operation of equipment and for safe patient care | <ul style="list-style-type: none">• Perceive and respond independently to warning signals from team members and/or patients of impending danger or emergency, i.e., a change in an individual's appearance, and/or physical communication of distress.• View controls, letters, numbers, etc., of varying size located on respiratory equipment and supplies independently.• View radiographic images on a computer screen and evaluate for recommendations necessary for Patient care. |
| Tactile | Tactile ability sufficient for patient assessment | <ul style="list-style-type: none">• Perform palpitation and tactile assessment in order to assist with patient assessment and evaluate respiratory conditions. |
| Mental | Mental ability sufficient for patient care, assessment, and operation of equipment | <ul style="list-style-type: none">• Be able to visually concentrate and focus attention, thoughts, efforts, and behavior on patients and equipment for varying periods of time.• Be able to respond to patient's changing physical conditions independently. |



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Students accepted into the Respiratory Care Program must be physically and mentally capable of successfully performing these standards related to the occupation safely, accurately, and expeditiously. **Students enrolled in the program who must seek medical attention must have a release stating that they are able to perform technical standards in the clinical setting.**

RESPIRATORY CARE SELECTION PROCESS ORIENTATION SUMMARY 2025

I have been found that:

1. I am required to follow all instructions and policies listed on the Respiratory Care application. Failure to do so will result in the cancellation of my application.
2. In order to be considered by the Selection Committee, I must have applied to and been accepted by LSUE.
3. I must have academic records from the current semester in the LSUE Health Sciences and Business Technology, Public Protection and Safety prior to the meeting of the Selection Committee or my application will be considered incomplete.
4. Selection to the Respiratory Care Program is competitive and I have read the selection criteria.
5. I have been made aware of the student conduct and ethics policies.
6. I am responsible for all travel associated with laboratory and clinical practice.
7. I may be assigned to any clinical agency affiliated with the program depending on your cohort.
8. I must comply with requirements for specific immunizations and physical examination including a background check and drug screening.
9. I am aware that I must meet certain physical/technical standards to practice in the field of Respiratory Care.
10. I must provide evidence of having successfully completed CPR for Health Care Providers before I will be permitted to begin clinical rotations. I acknowledge that I am responsible for locating and scheduling CPR certification.
11. I may obtain financial assistance from the Office of Financial Aid.
12. Successful completion of the LSUE Respiratory Care program will qualify me to that the Therapist Multiple-Choice Examination and the Clinical Simulation Examination both administered by the National Board for Respiratory Care.
13. I have been informed of the possible health risk of prenatal exposure to ionizing radiation. I understand I may review the Pregnancy Policy upon request.
14. In the rare event, a contract is supplied for those student(s) who have a remaining pre-req(s), the student will comply to all requests involved to fulfill the program's requirements to meet the qualifications to receive an Associate of Science degree in Respiratory Care.

Please print your name clearly

Primary phone number

Applicant's Signature

Secondary phone number

Date

E-mail address



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**PLEASE KEEP THIS FOR YOUR RECORDS DO
NOT TURN IN WITH APPLICATION**

IMPORTANT PLEASE READ

ATTENTION APPLICANTS FOR CLINICAL PROGRAMS

- You must complete the correct FASFA for the year you wish to apply. (Example: You must file the 2025 – 2026 FASFA form if you are applying for aid for fall of 2025).
- If you are relying on financial aid to pay your fees, you are **STRONGLY** urged to complete your FASFA and submit all requested documents by February 1st. Failure to meet this deadline may require you to be responsible for ALL required fees (tuition, books, supplies, etc.)
- You must submit a Financial Aid Appeal Form (<https://www.lsue.edu/financialaid/finaidforms.php>) if you have attempted over 123 hours which include any withdrawals (W's), fail courses (F's), or academic bankruptcy on your official transcript. For more information go to <https://www.lsue.edu/studentaffairs/finaidappeals.php>.
- You must be fully admitted to the University. You must submit to the LSU Eunice Office of Admissions official transcripts from every college or university at which you were previously enrolled.
- You must continue to check the status of your financial aid on your “myLSUE” account for current updates or notifications regarding your file.



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NLN NEX EXAM INSTRUCTIONS

ALL applicants are required to take the NLN NEX test. Please follow the instructions in this packet. If you have questions about purchasing the exam or creating an account with NLN, please contact NLN Assessment Services. Customer Service is available Monday through Friday from 8 a.m. to 5 p.m. Eastern. Call 800-732-8656 Ext #2 or text 202-934-0801 to reach Customer Experience.

HOW IS THE TEST GIVEN?

The test is a computerized examination purchased through NLN and administered in the LSUE Testing Center, in the library (100- C) on the LSUE campus. No proctored testing will be allowed from outside the LSUE Testing Center. Students must purchase the exam through NLN and pay to reserve a test date with the LSUE Testing Center. The exam has three sections (Verbal, Math, and Science). You will have 60 minutes to complete each section.

HOW DO I STUDY FOR THE TEST?

The NEX study materials are available from NLN. Follow the link below for more information.

<https://www.nln.org/education/assessment-services/student-resources>

WHERE DO I REPORT THE DAY OF THE TEST?

Please report to the LSUE Library 100-C, 15 minutes prior to your test time. Bring a **valid physical photo ID** (phones are not allowed), and **2 standard sharpened wooden pencils**. Mechanical pencils and calculators are NOT allowed.

HOW TO CREATE AN ACCOUNT WITH NLN:

NOTE: If you already have an account, begin with step 8 to purchase the NLN NEX Exam. DO NOT CREATE MULTIPLE ACCOUNTS.

1. Go to www.NLNtest.org and click the tab Create New Account.
2. Create a username and enter your **school email address** (we recommend using your school email address as your username).
3. Choose your institution (failure to choose your institution could mean a delay of up to 10 days).
4. Fill out your personal information.
5. Click *Create New Account*. You will receive a new account welcome email with a one-time link to complete the following: Verify your account, reset your password, and set your correct time zone (see below).
6. Extremely Important: **Change your time zone to your local time so that you meet the deadlines of the institution that you are applying to.**
7. After resetting your password, log out.



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HOW TO PURCHASE THE NLN NEX EXAM

8. Go to www.NLNtest.org and click *Log in*.
9. Type your username and password and click *Log in*.
10. Click *Register for Exam*.
11. Leave all fields BLANK except SITE.
12. Confirm the institution in the SITE field is correct.
13. Hit *Apply*.
14. Select the Event (must choose a day and time: **NO VIRTUAL APPOINTMENTS**) you want to register for – Click to register.
15. Verify the correct exam is showing and hit *SAVE REGISTRATION*.
16. It will then take you to the page where you will verify the test you want to register for – if correct, proceed to checkout. If incorrect, make changes, update the cart, and then checkout.
17. The exam must be paid for **AND** scheduled by **JUNE 1ST**. **(Prices subject to change: \$52.50 NLN Exam: \$15.00 Testing Center)**
18. The NLN has a NO REFUND policy. Please make sure you have chosen the correct exam(s) before completing your checkout. Once a purchase is made, it is final. **NO REFUNDS. NO RESCHEDULES.** You will be required to purchase a new exam if any changes are needed.
19. Click on My Assessments to verify your purchase. You should see the date and time of your NEX exam listed as an On-Site exam. If you do not, contact NLN customer service to see if there was a problem with your registration.
20. Print one copy of your receipt to include with your application.
21. Continue with instructions to reserve your seat in the LSUE Testing Center.

Proof of purchase of the NLN NEX exam and email confirmation from the LSUE Testing Center of the scheduled exam are required at the time of application submission.

HOW TO SCHEDULE WITH THE LSUE TESTING CENTER

(SEATING IS LIMITED SO SCHEDULE EARLY FOR MORE OPTIONS.)

Go to the LSUE Testing Center Website at <https://www.lsu.edu/testing-center/> to schedule and pay for the proctoring of the NLN NEX Exam.

Under “TESTING” choose “SCHEDULE AN EXAM”

22. Choose a group: select “LSUE Student”
23. Choose a group: select “NEX (Nursing Entrance Exam)”
24. Choose an exam: select “NEX (\$15.00)”
25. Choose a date: Choose the same date that you purchased (check NEX receipt)
26. Choose a time: Choose the same time that you purchased (check NEX receipt)



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27. Name, Email, LSUE Student ID Number, Phone Number
28. Agree to the Exam Guideline Acknowledgement
29. ADD TO CART
30. CHECK OUT to complete the registration process. Make sure you receive an email confirmation of your appointment.
31. Print one copy of your receipt to include with your application.

You must create an account with NLN and purchase the exam **BEFORE** scheduling with the Testing Center.

If you do not schedule your exam for the same day and time that you purchased, your registration will be deleted, and fees will be forfeited.



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APPLICATION CHECKLIST

All program applications must be submitted to LSUE Health Sciences, T-104, by June 1st. Incomplete applications will not be considered for selection.

Completed applications must include the following:

- A completed program application form
- Documentation of your healthcare degree (if applicable)
- Transcript release form
- Orientation Summary
- Proof of purchase for the NLN NEX exam
- Proof of your scheduled exam from the LSUE Testing Center

****Important Notes:****

- If you are not currently enrolled at LSUE, you must apply for general admission into the University.
- If you are currently enrolled at a university other than LSUE, you must send a copy of your transcripts immediately after final grades are posted.