

**Selective Admission
Requirements
for
Respiratory Therapy**

2012

Deadline for all requirements



February 15, 2012

IMPORTANT NOTE: The requirements for the Respiratory Therapy program are different than the requirements for other Selective Admissions programs. Please read the entire packet carefully to assure that all requirements are complete before the deadline date.

**MACOMB COMMUNITY COLLEGE
SELECTIVE ADMISSION REQUIREMENTS
FALL 2012**

Respiratory Therapy

Deadline for ALL requirements is February 15, 2012

To be considered for admission to the Respiratory Therapy program, applicants are required to complete ALL requirements. ALL appropriate documentation must be on file at the Center Campus Enrollment Office by the February 15, 2012 deadline for the program that begins Fall 2012. Macomb's Selective Admission Programs have assessment and admission requirements that are considerably different than other Macomb programs. **It is highly recommended that Selective Admission Applicants attend a Selective Admission Seminar prior to assessment.** Please see page 5 for a list of days and times of the Selective Admission Seminars. Please contact the Counseling and Academic Advising Office at 586.286.2228 (Center Campus) or 586.445.7211 (South Campus) to reserve a seat for a seminar.

The Selective Admissions Respiratory Therapy Application and supporting documentation are accepted up to one year in advance of the deadline date.

APPLICATION REQUIREMENTS

1. A completed SELECTIVE ADMISSION RESPIRATORY THERAPY APPLICATION (see page 6). If you are not a current or former student at Macomb Community College, you must also submit a Macomb Application for Admissions.
2. You must complete BIOL-2730 or BIOL-2400, and BIOL-2710 or BIOL-2310 or their equivalents (within the last ten years) at another accredited institution as defined by Macomb Community College with a punitive posted grade prior to the deadline date of February 15, 2012. A punitive grade is a grade that affects the grade point average. A grade of "C" or better in these classes is required.
3. Arrange for OFFICIAL COLLEGE TRANSCRIPT(S) to be sent directly from **EACH** College attended to the Center Campus Enrollment Office (see address below).

In order to meet the deadline of February 15, 2012, applicants should request that their current name, Macomb ID and date of birth be posted on their college transcript. Transcripts that are issued to the student will not be accepted.

4. ACT COMPASS Placement Test – (available at Macomb Community College). Applicants must complete the entire COMPASS, which includes standard writing, standard reading and mathematics. A score of **27 or higher on the pre-algebra component** is required for consideration in the Respiratory Therapy program. Information regarding the schedule for COMPASS Testing can be found at www.macomb.edu or by contacting the Placement Testing Office at Center Campus 586.286.2027 or South Campus 586.445.7423. It is highly recommended to prepare for the COMPASS test. Please contact the Counseling and Academic Advising Office to obtain information on how to prepare for the test: Center Campus 586.286.2228 or South Campus 586.445.7211.

Questions concerning the COMPASS Retesting Policy can also be found on the Counseling and Academic Advising website at www.macomb.edu or by contacting their offices: Center Campus 586.286.2228 or South Campus 586.445.7211.

Send all requirements to:
Macomb Community College
Center Campus Enrollment Office, G-120
Selective Admission Area
44575 Garfield Road
Clinton Township, MI 48038-1139

RANKING

All applicants whose documentation is completed and on file by the deadline date are ranked according to the following criteria, and available seats are filled in the same rank order.

The Pre-Algebra score on the COMPASS examination must be at least 27. The GRADE POINT AVERAGE (GPA) of the two pre-requisite courses (BIOL-2730 or BIOL-2400, and BIOL-2710 or BIOL-2310) are computed and weighted at 50% each.

PROCESSING

Applicants will be ranked in the Respiratory Therapy program only if they have applied and completed all the requirements to the program BEFORE THE FEBRUARY 15, 2012 DEADLINE DATE. The processing of all applicants (including filing, computations, and ranking) takes approximately three months following the deadline date. At that time, all applicants are notified of the admission decision. Applicants who are not admitted may apply for the following year but will not be given preference by reason of having applied before.

Only those applicants selected for admission are required to submit a \$100.00 **non-refundable** fee to confirm acceptance into the program. Admission is conditional upon proof of health documentation required at the appropriate time by the Department of Health and Human Services.

Note: Some or all of the admission criteria listed above may constitute change from the past policy. Macomb retains the prerogative of changing admission procedures and requirements. Furthermore, students and prospective students bear the responsibility for keeping informed of college procedures and requirements.

CRIMINAL BACKGROUND CHECKS

Macomb Community College's clinical partners may not accept students who have been convicted of certain crimes into a clinical learning environment. Therefore, students must undergo a Criminal Background Check conducted by Macomb Community College Police in order to be considered for admission to the ***Respiratory Therapy*** program. The Criminal Background Check will be conducted at **no charge** to the student.

A student is not eligible for admission to the ***Respiratory Therapy*** program for a period of years following completion of all terms and conditions of sentencing for conviction of certain crimes. The precise numbers of years a student must wait following sentencing depends upon the nature of the offense. Generally speaking, the more serious the offense, the longer a student must wait before eligibility is restored. Macomb Community College has adopted the waiting periods specified in MCL 330.1134a. If a student has been convicted of a crime, the student should consult "Program Waiting Periods" **BEFORE** seeking admission to one of these programs to determine the specific waiting period, if any, applicable to that crime. If a student is convicted of a crime listed in "Program Waiting Periods" while in the ***Respiratory Therapy*** program, the student will be immediately dismissed from the Program. **(See page 4 for "Program Waiting Periods")**

PROGRAM WAITING PERIODS*

If you have been convicted of a crime, you may be subject to a waiting period before you are eligible for admission to the **Respiratory Therapy** program. The following describes, in general terms, how long you must wait following completion of all terms and conditions of sentencing before you are eligible for the **Respiratory Therapy** program.

Waiting Period

15 years

- A felony that involves the intent to cause death or serious impairment of a body function, that results in death or serious impairment of a body function that involves the use of force or violence, or that involves the threat of the use of force or violence.
- A felony involving cruelty or torture.
- A felony involving intentional or reckless harm to a vulnerable adult by a caregiver or person with authority over a vulnerable adult.
- A felony involving criminal sexual conduct.
- A felony involving abuse or neglect.
- A felony involving the use of a firearm or dangerous weapon.
- A felony involving the diversion or adulteration of a prescription drug or other medications.
- An attempt or conspiracy to commit any of the felonies listed above.

10 years

- A felony, or an attempt or conspiracy to commit a felony, other than a felony with a 15 year waiting period set forth above.
- A misdemeanor involving the use of a firearm or dangerous weapon with the intent to injure, the use of a firearm or dangerous weapon that results in a personal injury, or a misdemeanor involving the use of force or violence or the threat of the use of force or violence.
- A misdemeanor involving intentional or reckless harm to a vulnerable adult by a caregiver or person with authority over a vulnerable adult.
- A misdemeanor involving criminal sexual conduct.
- A misdemeanor involving cruelty or torture.
- A misdemeanor involving abuse or neglect.

5 years

- A misdemeanor involving cruelty if committed by an individual who is less than 16 years of age.
- A misdemeanor involving home invasion.
- A misdemeanor involving embezzlement.
- A misdemeanor involving negligent homicide.
- A misdemeanor involving larceny.
- A misdemeanor of retail fraud in the second degree.
- Any other misdemeanor involving assault, fraud, or theft.

3 years

- A misdemeanor for assault if there was no use of a firearm or dangerous weapon and no intent to commit murder or inflict great bodily injury.
- A misdemeanor of retail fraud in the third degree.
- A misdemeanor involving the manufacture, delivery, or possession of a controlled substance.

1 year

- A misdemeanor involving the manufacture, delivery, or possession of a controlled substance, if the individual, at the time of conviction, is under the age of 18.
- A misdemeanor for larceny or retail fraud in the second or third degree if the individual, at the time of conviction, is under the age of 16.

***This document was prepared for information purposes only. In the event of a conflict between the statements in this document and the language of MCL 330.1134a, MCL 330.1134a shall control. Please see MCL 330.1134a or consult your attorney for additional information.**

Seminars for Selective Admission

This seminar will present important facts about applying to the Respiratory Therapy program.

To reserve a seat, please contact the Counseling and Academic Advising Services Department at: Center Campus – 586.286.2228, 44575 Garfield Rd., Clinton Twp., MI 48038; South Campus – 586.445.7211, 14500 E. 12 Mile Rd., Warren, MI 48088.

Center Campus

<u>DAY</u>	<u>DATE</u>	<u>TIME</u>	<u>LOCATION</u>
Monday	04/04/11	5:30 pm – 6:30 pm	G-132
Thursday	04/28/11	9:30 am – 10:30 am	G-132
Monday	05/09/11	5:30 pm – 6:30 pm	G-132
Thursday	05/26/11	9:30 am – 10:30 am	G-132
Monday	06/06/11	5:30 pm – 6:30 pm	G-132
Thursday	06/30/11	9:30 am – 10:30 am	G-132
Monday	07/18/11	5:30 pm – 6:30 pm	G-132
Thursday	07/21/11	9:30 am – 10:30 am	G-132
Monday	08/08/11	5:30 pm – 6:30 pm	G-132
Thursday	08/25/11	9:30 am – 10:30 am	G-132
Monday	09/12/11	5:30 pm – 6:30 pm	G-132
Monday	09/26/11	9:30 am – 10:30 am	G-132
Tuesday	10/11/11	9:30 am – 10:30 am	G-132
Monday	10/24/11	5:30 pm – 6:30 pm	G-132
Monday	11/14/11	5:30 pm – 6:30 pm	G-132
Monday	11/28/11	9:30 am – 10:30 am	G-132
Monday	12/12/11	5:30 pm – 6:30 pm	G-132
Monday	01/23/12	5:30 pm – 6:30 pm	G-132
Monday	02/06/12	9:30 am – 10:30 am	G-132

South Campus

<u>DAY</u>	<u>DATE</u>	<u>TIME</u>	<u>LOCATION</u>
Wednesday	04/27/11	10:00 a.m. – 11:00 a.m.	SC, H-206
Wednesday	05/04/11	2:00 p.m. – 3:00 p.m.	SC, H-206
Thursday	06/16/11	10:00 a.m. – 11:00 a.m.	SC, H-206
Wednesday	07/13/11	2:00 p.m. – 3:00 p.m.	SC, H-206
Thursday	08/18/11	10:00 a.m. – 11:00 a.m.	SC, H-206
Wednesday	09/14/11	2:00 p.m. – 3:00 p.m.	SC, H-206
Thursday	10/27/11	10:00 a.m. – 11:00 a.m.	SC, H-206
Wednesday	11/16/11	2:00 p.m. – 3:00 p.m.	SC, H-206
Thursday	12/15/11	10:00 a.m. – 11:00 a.m.	SC, H-206
Wednesday	01/25/12	2:00 p.m. – 3:00 p.m.	SC, H-206
Thursday	02/09/12	10:00 a.m. – 11:00 a.m.	SC, H-206

2012 Selective Admissions Respiratory Therapy Application

Submission Deadline: February 15, 2012

1 Student I.D. Number:

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OR

Social Security Number:

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2 Last Name First Middle

3 Prior Last Name

4 Street Number Street Name or P.O. Box

Additional Address Information (I.E; Apt., Bldg, Lot, Etc.)

City, State, Zip Code

5 Email Address

6 Area Code (Home Phone No.) 7 Area Code (Cell Phone No.)

8* / / Date of Birth (Month/Date/Year)

* **Optional**—Information will be kept confidential and will not be used as a factor in the admission process.

9 High School Last Attended:

High School	City	State
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10 A. High School Graduation Date: _____ B. GED Completion Date: _____

11 List below all colleges and universities attended other than Macomb Community College. List most recent first.
Failure to list all colleges/universities previously attended will result in immediate disqualification.

<u>Name</u>	<u>City & State</u>	<u>Dates of Attendance</u>	<u>For Office Use Only</u>
			<input type="checkbox"/> Received
			<input type="checkbox"/> Received
			<input type="checkbox"/> Received
			<input type="checkbox"/> Received

I certify that all my responses are true to the best of my knowledge. I understand the policies and procedures published in the College Catalog, Schedule of Classes, and on the website (www.macomb.edu) are the official source of information for Macomb Community College.

Signature

Today's Date

Send to: **Macomb Community College, Center Campus Enrollment Office, G-120, Selective Admission Area, 44575 Garfield Road, Clinton Township, MI 48038-1139**

For Office Use Only				
	Date		Taken at	Term
Compass Completed: Pre-Algebra Score:		BIOL-2730 or BIOL-2400		
Incomplete Letter Sent:		BIOL-2710 or BIOL-2310		
Complete Letter Sent:				