



# Respiratory Care Program

## Information Packet

### 2025-2026

## Introduction

Thank you for your interest in the Respiratory Care Program at Victoria College. If you are ready to begin the journey to a rewarding career and dynamic profession, then the Respiratory Care Program is ready to partner with you. This program is a two-year Associate of Applied Science degree. As a respiratory therapist you will work under the direction of a physician to evaluate, treat, and care for patients with breathing disorders. There are numerous pathways within the profession that you can select, once you have completed your degree and become successfully credentials.

Our program goal is to prepare graduates with demonstrated competence in the cognitive [knowledge], psychomotor [skills], and affective [behavior] learning domains of respiratory care practice as performed by registered respiratory therapists.

The Respiratory Care Program {#200372} is accredited by the Commission on Accreditation for Respiratory Care through November 2027. You can learn more by visiting the CoARC website at: [www.coarc.com](http://www.coarc.com)

The program is under the direction of Ceci Oldmixon, M.A.Ed., RRT, CPRT, RCP and clinical direction of JJ Valdez, MSRC; RRT- ACCS, RCP. If you would like more information regarding becoming a registered respiratory therapist, you can visit the national profession's association website at: [www.aarc.org](http://www.aarc.org) or you can make an appointment with Professor Oldmixon by email: [ceci.oldmixon@victoriacollege.edu](mailto:ceci.oldmixon@victoriacollege.edu) or phone: 361-572- 6460.

The Respiratory Care Program accepts applications annually for the fall class selection and applications should be submitted by May 1<sup>st</sup>. **For Future Respiratory Students who are considering the program it is recommended to submit an application promptly for consideration for the class selection.** Log on to the Victoria College Website, click on Programs & Courses. Next click on Health Careers, scroll down and click on Respiratory Care. Scroll down the page until you see "What is required to enter the program?" then click on the link. Click on the "Department Application" once it opens you will enter your information. You will then hit submit; Tracy Edwards the Administrative Assistant will be in contact with you. Future Respiratory Students who are considering the program are strongly encouraged to schedule an intake meeting with Professor Oldmixon to discuss the intake process. For full admission requirements visit the Victoria College website – Programs & Courses – Health Careers – Respiratory Care Program.

Students may contact the Administrative Assistant Tracy Edwards for scheduling, Intake meetings, submissions of paperwork etc.

- ❖ Office Number: 361-572-6426
- ❖ Email: [Tracy.edwards@Victoriacollege.edu](mailto:Tracy.edwards@Victoriacollege.edu)

# Respiratory Care Program

## Admissions Requirements

Applicants must meet special entrance requirements and complete a department application. Applicants can submit a department application at any time. For more information about the program and course schedule assistance, contact the Program Chair. Additional information may be found at [www.VictoriaCollege.edu/RespiratoryCare](http://www.VictoriaCollege.edu/RespiratoryCare).

1. The student must meet the admission requirements for Victoria College as stated in the current college catalog. Contact the Admissions & Records Office. Applicants must have a high school diploma or GED.
2. Complete general admission application as required by the Admissions & Records Office.
3. Complete the Respiratory Care Program application by **May 1<sup>st</sup>** for fall admission. Three letters of recommendation must be included with application. They can be from faculty, key center peers, or current employers.
4. Interview with Program Chair is required. Applicants will be selected for the program based on compliance with all requirements, interview performance, and reference letters and/or conversations held during the reference inquiry.
5. Submit a one-page typed/written essay as to why the applicant should be considered for acceptance into the Respiratory Care Program.
6. It is the responsibility of the applicant to furnish all necessary documentation to the Respiratory Care Department by **May 1<sup>st</sup>** for fall admission. Late Applicants are considered if spaces are available.
7. TSI (Texas Success Initiative) must be satisfied. Contact Advising, & Counseling Services for further explanation if necessary.
8. Overall GPA of 2.25 or above on all college hours attempted. Students with less than a 2.25 GPA will be evaluated on an individual basis.
9. The following courses **must** be completed with a grade of C or better prior to enrolling in the program
  - ENGL 2311 Technical & Business Writing
  - PSYC 2301 General Psychology or SOCI 1301 Introduction to Sociology
  - BIOL 2404 Intro to Anatomy & Physiology or BIOL 2401 and BIOL 2402
  - Mathematics – Select 1 course from the Victoria College Core Curriculum
  - Creative Arts – Select 1 course from the Victoria College Core Curriculum
10. A minimum grade of C is required in all respiratory care and general education courses.
11. Official high school and college transcripts must be on file in the Admissions & Records Office and Respiratory Care Department.
12. Transfer students will be accepted on an individual basis. Transfer students must meet with the Chair for complete requirements.
13. Previous respiratory care students who received a certificate from Victoria College and are currently registered therapists may receive equivalency credit toward an AAS degree. See Program Chair for specific procedure.
14. Science courses taken more than five years ago will be evaluated on an individual basis and may have to be repeated.
15. Clear criminal background check and drug testing are required prior to admission.
16. Prior to enrollment, qualified applicants who have been accepted into the Respiratory Care Program must submit a current CPR Health Care Provider card, a completed physical examination form, and must meet the program immunization requirements:
  - A. Two-step TB skin test
  - B. Tetanus-diphtheria toxoid (Td) within the last 10 years
  - C. Measles/Mumps/Rubella vaccination/s
  - D. Varicella vaccination/s or proof of disease
  - E. Three-injection hepatitis B vaccination series or serologic confirmation of immunity to hepatitis B virus

**Application Deadline: May 1<sup>st</sup>**

### *Statement of Nondiscrimination*

*Victoria College does not discriminate on the basis of race, color, religion, national origin, gender, pregnancy, age, disability, genetic information, marital status, amnesty, veteran's status, or limited English proficiency. It is our policy to comply, fully, with the nondiscrimination provision of all state and federal rules and regulations. Revised: 03/17/15*

## Victoria College Core Curriculum Courses

Core Component	Core#	Course Selection		Minimum Hours Required
COMMUNICATION	010	Select 1	ENGL 1301, 2311	6
		Select 1	ENGL 1302, 2311	
MATHEMATICS	020	Select 1	MATH 1314, 1316, 1324, 1332, 1342, 2312, 2412, 2413	3*
LIFE AND PHYSICAL SCIENCES	030	Select 2	BIOL 1322, 1406, 1407, 1408, 1409, 2306, 2404, 2420; CHEM 1406, 1411, 1412; ENVR 1301, GEOL 1303, 1305, 1345, 1347, 1401, 1402, 1403, 1404; PHYS 1303, 1304, 1310, 1315, 1401, 1402, 1403, 1404, 2425, 2426	6*
LANGUAGE, PHILOSOPHY AND CULTURE	040	Select 1	ENGL 2322, 2323, 2327, 2328; PHIL 1301	3
CREATIVE ARTS	050	Select 1	ARTS 1301, 1303, 1304; DRAM 1310; MUSI 1306, 1307, 1310	3
AMERICAN HISTORY	060	Select 2	HIST 1301, 1302, 2301, 2327, 2328	6
GOVERNMENT/POLITICAL SCIENCE	070	Select 2	GOVT 2305, 2306	6
SOCIAL AND BEHAVIORAL SCIENCES	080	Select 1	ECON 2301, 2302; GEOG 1303; PSYC 2301; SOCI 1301	3
COMPONENT AREA OPTION	090	Select 6 SCH	Any course listed above except ENGL 1301, GOVT 2305, and GOVT2306.  BCIS 1305 (3) or COSC 1301 (3); EDUC 1300 (3); SPCH 1311 (3), 1315 (3), 1318 (3), or 1321 (3); MATH 1325 (3) or 2413 (3); PCYC 2319 (3) or PCYC 2320 (3)  *OTHER HOURS - BIOL <del>1322 (1)</del> , 1406 (1), 1407 (1), 1408 (1), 1409 (1), 2404 (1), 2420 (1); CHEM 1406 (1), 1411 (1), 1412 (1); GEOL 1401 (1), 1402 (1), 1403 (1), 1404 (1); MATH 2413 (1); PHIL <del>1301 (1)</del> PHYS 1401 (1), 1402 (1), 2425 (1), 2426 (1)	6

- Additional hours fall to Component Area Option or will fulfill degree requirements.
- Associate of Arts Interdisciplinary Studies Degree - completion of two science courses with at least one course being a lab science course (may be used to satisfy core requirements).
- .. Associate of Science Interdisciplinary Studies Degree - completion of two lab science courses (may be used to satisfy core requirements).

## Technical Standards

**Students will be expected to have the skills and abilities to meet the standards described below:**

- Physical demands, Lift at least 25 pounds of weight
- Frequent or prolonged walking/standing, Reaching, stooping, bending, kneeling, or crouching
- Motor skills, Perform multiple motor tasks simultaneously
- Fine and gross motor skills sufficient to handle equipment and provide safe and effective patient care
- Steady arm and hand movements while manipulating objects or assisting patients.

### **Tactile**

- Tactile ability sufficient to assess patient's response to therapy

### **Visual**

- Ability sufficient to monitor and assess patient and equipment function and to provide safe and effective respiratory care
- Near acuity – ability to see clearly at 20 inches or less, far acuity – ability to see clearly at 20 feet or more, Field of vision – able to see peripherally, Depth perception – able to judge distance
- Color vision – able to distinguish and identify different colors

### **Hearing**

- Ability sufficient to hear and understand patients and staff
- Hear normal speech, hear without seeing lips, Hear faint body sounds, Hear auditory alarms

**Victoria College**  
**Respiratory Care Program**  
**AAS Degree Curriculum**

Prerequisites		Lecture	Lab	Clinical	Contact	Credit
Course #		Hrs	Hrs	Hrs	Hrs	Hrs
ENGL 2311	Technical and Business Writing	3	0	0	48	3
PSYC 2301	General Psychology <b>OR</b>					
SOCI 1301	Introduction to Sociology	3	0	0	48	3
BIOL 2404	Introductory Anatomy & Physiology	3	3	0	96	4
BIOL 2401 & BIOL 2402 Anatomy and Physiology 1 and 2						
Math	Select 1 from VC Core Curriculum	3	0	0	48	3
Creative Arts	Select 1 from VC Core Curriculum	3	0	0	48	3
<b>Total</b>		<b>15</b>	<b>3</b>	<b>0</b>	<b>288</b>	<b>16</b>
<b>Fall</b>						
Course #	Course Name					
RSPT 1113	Basic Respiratory Care Pharmacology	0	3	0	48	1
RSPT 1240	Advanced Cardiopulmonary A & P	1	3	0	64	2
RSPT 1410	Respiratory Care Procedures I	2	6	0	128	4
RSPT 1360	Clinical - Respiratory Therapy I	0	0	16	256	3
<b>Total</b>		<b>3</b>	<b>12</b>	<b>16</b>	<b>496</b>	<b>10</b>
<b>Spring</b>						
Course #	Course Name					
RSPT 1411	Respiratory Care Procedures II	2	6	0	128	4
RSPT 1361	Clinical - Respiratory Therapy II	0	0	16	256	3
RSPT 2243	Research in Respiratory Care	2	1	0	48	2
RSPT 2310	Cardiopulmonary Disease	2	3	0	96	3
<b>Total</b>		<b>6</b>	<b>10</b>	<b>16</b>	<b>528</b>	<b>12</b>
<b>Summer</b>						
Course #	Course Name					
RSPT 1141	Respiratory Home Care/Rehabilitation	0	2	0	32	1
RSPT 1137	Basic Dysrhythmia Interpretation	0	3	0	48	1
RSPT 2258	Respiratory Care Patient Assessment	1	2	0	48	2
RSPT 1163	Clinical - Respiratory Therapy III	0	0	6	96	1
RSPT 2135	Pediatric Advanced Life Support	0	3	0	48	1
RSPT 2139	Advanced Cardiac Life Support	0	3	0	48	1
<b>Total</b>		<b>1</b>	<b>13</b>	<b>6</b>	<b>320</b>	<b>7</b>
<b>Fall</b>						
Course #	Course Name					
RSPT 2414	Mechanical Ventilation	2	6	0	128	4
RSPT 2453	Neonatal/Pediatric Cardiopulmonary Care	2	6	0	128	4
RSPT 2360	Clinical - Respiratory Therapy IV	0	0	16	256	3
<b>Total</b>		<b>4</b>	<b>12</b>	<b>16</b>	<b>512</b>	<b>11</b>
<b>Spring</b>						
Course #	Course Name					
RSPT 2133	Respiratory Care Case Management	0	3	0	48	1
RSPT 2147	Specialties in Respiratory Care	0	3	0	48	1
RSPT 2231	Simulations in Respiratory Care	0	4	0	64	2
RSPT 2361	Clinical - Respiratory Therapy V	0	0	16	256	3
RSPT 2325	Cardiopulmonary Diagnostics	2	4	0	96	3
<b>Total</b>		<b>2</b>	<b>14</b>	<b>16</b>	<b>512</b>	<b>10</b>
<b>Respiratory Care Program Hours</b>		<b>15</b>	<b>62</b>	<b>70</b>	<b>2368</b>	<b>50</b>
<b>Respiratory Care Program Totals Grand</b>		<b>240</b>	<b>992</b>	<b>1120</b>		
<b>Total</b>		<b>30</b>	<b>65</b>	<b>70</b>	<b>2656</b>	<b>66</b>

## Respiratory Care Program – Textbook Costs

### FIRST SEMESTER

Course Number & Name			Book Title	Price New
RSPT	1240	Advanced Cardiopulmonary Anatomy	No book required	
RSPT	1410	RespiratoryCare Procedures I	EGAN'S FUND OF RESPIRATORY CARE- W/C, 12th 978-0-323- 81121-7	\$167.50
RSPT	1113	Basic Resp Care Pharm	INTEGRATED CARDIOPULMONARY PHARMACOLOGY; COLBERT AND KENNEDY; 5th EDITION; ISBN: 978-1-5178050-6-7	\$73.50
RSPT	1360	Clinical-Resp Therapy I	CLINICAL PRACTICE POCKET GUIDE, OAKES, 10th, HEALTH ED. ISBN: 978- 0-932887-64-1	\$32.95
<b>Total</b>				<b>\$273.95</b>

### SECOND SEMESTER

Course Number & Name			Book Title	Price New
RSPT	1411	RespiratoryCare Procedures II	CLINICAL BLOOD GASES, MALLEY, 2nd, ELSEVIER, ISBN: 978- 07216- 8422-2 (PRINT)	\$105.50
			CLINICAL BLOOD GASES, MALLEY, 2nd, ELSEVIER, ISBN: 978- 07216- 8422-2 (DIGITAL)	\$35.15
			ABG POCKET GUIDE W/INSTRUCTIONAL GUIDE, 2ND, HEALTH ED, ISBN: 978-0-932887-55-9	\$25.95
RSPT	2243	Research in Respiratory Care	No book required	
RSPT	2310	Cardiopulmonary Disease	CLINICAL MANIFESTATIONS+ASSESSMENT OF RESPIRATORY DISEASE-W/ACCSS, 9TH, DESJARDINS, ELSEVIER, ISBN:978-0-323-87150-1 (PRINT)	\$142.95
			CLINICAL MANIFESTATIONS+ASSESSMENT OF RESPIRATORY DISEASE-W/ACCSS, 9TH, DESJARDINS, ELSEVIER, ISBN:978-0-323-87150-1 (DIGITAL)	\$48.45
RSPT	1361	Clinical - Resp Therapy I	No book required	
<b>Total</b>				<b>\$358.00</b>

### SUMMER SESSION

Course Number & Name			Book Title	Price New
RSPT	1141	Resp. Home Care/Rehab	No book required	
RSPT	1137	Basic Dysrhythmia Interpretation	ECG Mastery, 2nd, Jones ISBN:978-0-8036-7693-0	\$61.50
RSPT	1161	Clinical - Respiratory Therapy II	No book required	
RSPT	2258	Respiratory Care Patient Assessment	No book required	
RSPT	2135	Pediatric Advanced Life Support	PEDIATRIC ADV. IFE. SUPP.- PROVIDER, AEDSUPER ISBN: 978-1-6166978-5-3	\$64.50
RSPT	2139	Advanced Cardiac Life Support	ACLS PROVIDER MANUAL, AHA, 4TH, MATTHEWS, ISBN: 978- 16166940-0-5	\$56.50
<b>Total</b>				<b>\$182.60</b>

### FOURTH SEMESTER

Course Number & Name			Book Title	Price New
RSPT	2414	Mechanical Ventilation	VENTILATOR MANAGEMENT, OAKES, 4th, HEALTH ED, ISBN: 9780- 932887-47-4	\$34.50
			MECHANICAL VENTILATION, 6th, PILBEAM & CAIRO, ELSEVIER, ISBN: 978- 0-323-55127-4	\$127.95
			MECHANICAL VENTILATION - WORKBOOK, 6th, PILBEAM, ELSEVIER, ISBN: 978-0-323-55126-7	\$54.90
RSPT	2353	Neonatal/Pediatric Cardiopulmonary Care	NEO-PEDI RESPIRATORY CARE-W/ACCESS, 6TH, WALSH, ELSEVIER, ISBN: 978-0-323-79309-4 (Print)	\$128.95
			NEO-PEDI RESPIRATORY CARE-W/ACCESS, 6TH, WALSH, ELSEVIER, ISBN: 978-0-323-79309-4 (Digital)	\$40.45
			NEO/PEDI PKCT GUIDE RESPIRATORY CARE, 8TH, OAKES, HEALTH ED. ISBN:978-0-932887-65-8	\$35.50
RSPT	2360	Clinical - Resp Therapy IV	No book required	
<b>Total</b>				<b>\$422.25</b>

### FIFTH SEMESTER

Course Number & Name			Book Title	Price New
RSPT	2425	Cardiopulmonary Diagnostics	HEMODYNAMIC MONITORING, OAKES, 6TH, OAKES, HEALTH ED, ISBN: 978-0932887-56-6	\$32.95
RSPT	2231	*Clinical Sims in Resp Care	COMPREHENSIVE RESPIRATORY THERAPY -W/ACCESS, 4TH, JONES + BARTLETT, ISBN:978-1-284184-30-3	\$125.95
RSPT	2147	Specialties in Resp Care	No book required	
RSPT	2133	Resp Care Case Mgt	No book required	
RSPT	2361	Clinical - Resp Therapy V	TEXTBOOK OF NEONATAL RESUSCITATION 8TH, MATTHEWS ISBN: 978-1-6100252-4-9	\$78.95
<b>Total</b>				<b>\$237.85</b>
<b>GRAND TOTAL</b>				<b>\$1474.65</b>

NOTE: \*Cost may be subject to change without prior notice

REVISED: 01/2024

## Frequently Asked Questions

### How many students are accepted into the program?

The number of students selected for entry into the program each fall is limited to 20 students. Applicants will be accepted based on qualifications and completion of the applicant process by the deadline of May 1<sup>st</sup>

### How do I begin the application process?

The first step is:

- The general admission application to Victoria College at [www.applytexas.org](http://www.applytexas.org).
- Next step is to fill out a respiratory care application from the Victoria college website. Under programs & courses, click health careers, respiratory care, and click on department application.
- Interested students should schedule an intake meeting with Professor Oldmixon to learn more about the requirements and receive direction on how to proceed.
- Students must submit a one-page typewritten essay explaining why you should be accepted into the program along with 3 letters of recommendations.
- Students must be TSI complete; have a GPA of 2.25 or greater; and all prerequisite courses complete with a grade C or better.

### What immunizations will I need for the program?

Prior to enrollment, applicants must have a complete physical conducted by their healthcare provider; and complete and upload the following immunizations to View Point or Castle Branch:

- A 2-step TB skin test
  - A 2-step TB skin test is conducted as a serial test with the first skin test performed and read within 48 hours then a second skin test performed 1-3 weeks apart from the first test.
  - If you have performed a prior 2-step TB skin test, you may submit it along with all annual test since the 2-step was initially performed.
  - If you have a positive skin test, you will be required to provide a clear chest x-ray report.
  - Annual renewal of the TB skin test will be required during the program.
  - If you currently have your TB skin test already done you will still need to do the 2-step skin test.
- Tetanus-diphtheria & Pertussis (Tdap) vaccination as an adult within the last 10 years.
- Measles/mumps/rubella vaccination – 2 vaccinations or positive antibody titer.
  - If titer is negative, applicant will need a booster vaccination and a 2<sup>nd</sup> titer.
- Varicella vaccination or proof of disease – 2 vaccinations or positive antibody titer or medically documented history of the disease.
- 3-injection hepatitis B vaccination series or a positive antibody titer.
  - 3-injection series MUST be completed by **August 15<sup>th</sup>** for enrollment into the program. Series must be started by **Feb. 1<sup>st</sup>**
- Meningitis vaccination (must be on-file with the College)
- Current Flu vaccination – {not required until the current flu season in October}



**Will I need a CPR Certification?**

Yes, students must have a valid “**healthcare provider**” **BLS** (basic life support) certification from the American Heart Association (AHA). No other certifications will be accepted. Students must maintain this certification for the duration of the program. Students must have this turned in by **August 10<sup>th</sup>**

**Is Financial Aid available?**

Yes, the degree plan is credit based and standard financial aid assistance is available as with all college courses. Victoria College has a variety of financial assistance programs available to qualifying students including scholarships, loans, and grants. For additional information on financial assistance, please contact the [Financial Aid Office](#) at (361) 572-6415, or visit with a financial aid counselor in the Student Services building.

**Are Scholarships Available?**

Yes, the degree plan is credit based and scholarships are available as with all college courses. You can visit [Victoria College Foundation](#). For additional scholarships besides VC check with financial aid.

**Is the WIOA Program Available?**

Yes, once you receive an acceptance letter from the program and proof that FAFSA has been attempted or granted for assistance. Once file is certified a case manager will contact you. Assistance to program is income based and an application will be included in the information packet you will receive from the workforce. The point of contact would be Claudia Olivares and Ruby Shelton. They both can be reached at:

- 361-578-0341
- [claudiaolivares@gcworkforce.org](mailto:claudiaolivares@gcworkforce.org)
- [rbyshelton@gcworkforce.org](mailto:rbyshelton@gcworkforce.org)

**Who is my Academic Advisor?**

Caroline Marcengo-Stehling is the Academic Advisor for the respiratory care program. She can be reached at:

- [Courtney.Bosier-Hawthorne@victoriacollege.edu](mailto:Courtney.Bosier-Hawthorne@victoriacollege.edu)
- 361-572-6414
- [Caroline.Marcengo@VictoriaCollege.edu](mailto:Caroline.Marcengo@VictoriaCollege.edu)

**Do I have to have a Physical Examination done?**

Yes, you will be required to have one done once accepted into the program. The form **MUST** be completed and cleared before the program orientation.

**Will I need a criminal background check and Drug Screen?**

Yes, applicants will be required to complete a criminal background check and drug screen through Viewpoint. Applicants who purchased castle branch prior to the change to viewpoint can still use castle branch. Some components may need to be refreshed. Only services through viewpoint or castle branch will be accepted for admission to the program. Students are responsible for completing the background & drug screen process, and paying all fees. These **MUST** be completed and cleared by **May 15<sup>th</sup>**.

Victoria College is not able to, or responsible for, advising a student with a criminal history on whether they are eligible for certification or licensure. All questions regarding eligibility should be directed to [Texas Medical Board](#).

Clinical facilities determine what constitutes an unacceptable background check. The student is responsible for working with the background check company to clear up any reporting discrepancies. If there is a criminal History that cannot be cleared before the orientation, the student will not be enrolled in the program.

**Are there costs beyond tuition, books and fees associated with the program?**

Yes, the student must purchase a uniform as outlined in the student handbook; a stethoscope; a S.C.O.P.E. membership, AARC membership, polo, and volunteer shirt; and other equipment needed for the coursework (see additional costs page).

**Will I have to travel out of Victoria for the program?**

Yes, students are expected to attend clinical rotations at various hospitals in the surrounding areas. Travel is the responsibility of the student to meet the course requirements. Some of the locations are Cuero, Beeville, Hallettsville, El Campo, Edna, Port Lavaca, Yoakum, Corpus Christi, and others. Students are responsible for insuring adequate transportation to the clinical sites. For any students that may need assistance with gas they can go to Student Support Services in the Student Services Building, Suite 103A.

**What are the next steps after submitting an application?**

After the application process, students will schedule an interview and skills assessment through the administrative assistant Tracy Edwards to meet with the Program Director and Clinical Coordinator. This will begin in February and in March. This will consist of:

- Interviewing with the Director Ceci Oldmixon and Clinical Coordinator JJ Valdez.
- The assessment will be approximately 40-60 minutes long and will consist of math skills, team dynamics, problem solving, and retaining information.
- Conclusion of the steps above, the director and clinical coordinator will contact you with the next steps.

**Once I have been accepted into the program, what are my next steps?**

Qualified applicants who have been accepted into the Respiratory Care Program **MUST** have all documents turned in by **July 15<sup>th</sup>**

- current CPR Health Care Provider card
- a completed physical examination form
- must meet the program immunization requirements
- The student must have their application completed, a one-page essay, and 3 letters of recommendations.
- All immunizations must be uploaded to viewpoint or castle branch along with the drug screen and criminal background.

**Is there an Orientation?**

Yes, usually at the end of July. Students must attend a 3 day on campus orientation. The orientation is important and will run from 9-3 each day then on the last day there will be an evening event for your support network to come. This will occur from 5:30-7 pm. You can invite your family and friends who will be supporting you on your journey through the program.

**Once accepted into the program, what does the schedule look like?**

The first two semesters the students will be on campus for didactic instruction on Monday, Wednesday and Friday. Tuesday and Thursday are clinical days. Students will spend the first 3 weeks on campus in preparation for clinicals then they will be in clinicals by week 4. Summer is taught in block format, and you will be in class Monday through Thursday. Clinicals will be about 3 weeks in the summer with a full week dedicated to clinicals at a time. During the final two semesters, students will be on campus Monday through Wednesday and in clinical on Thursday and Friday.

**Will I have to go to different clinical sites?**

Yes, students are scheduled through about 16 different clinical sites during the program. DeTar and Citizens are the two primary clinical sites; however, some of our sites are in El Campo, Beeville and even Corpus Christi. Clinical sites have different start and end times.

**Can I work during the program?**

It is possible to work, and many students have worked. Clinicals run early mornings, some evenings, and occasionally an overnight clinical. Most clinicals are 8 hours; however, there are some 12 hours and there are some weekend shifts. If you work, you need a job that is flexible to your school schedule.

# VIEWPOINT SCREENING



## How to Order Your:

- Background Check
- Health Portal
- Drug Test

**1**

**STEP 1: GO TO the School's Landing Page on Viewpoint Screening's Website:**  
[viewpointscreening.com/victoriacollege](http://viewpointscreening.com/victoriacollege)

**2**

**Click on 'Start Your Order'**

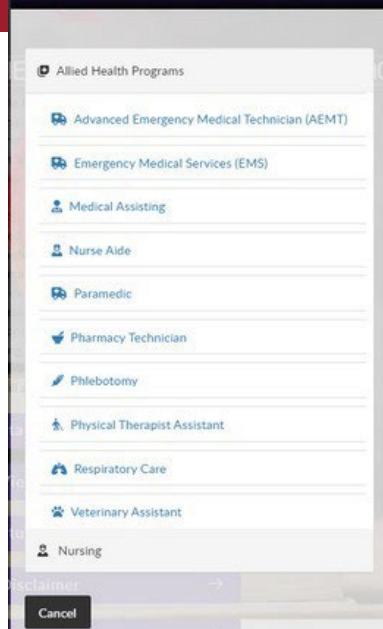
**3**

**Choose your PROGRAM & PACKAGE.**

First select "Allied Health Programs." Choose your program.

Then Click on the link to choose the "Background Check + Drug Test + Health Portal" package.

**Start Your Order**




Victoria College has partnered with Viewpoint Screening to provide your background check, drug test and immunization management. Failure to submit an order will delay the entrance into an experiential rotation and/or school setting.

Click "Start Your Order" below and you will be directed through the application process. Once your order is submitted, you will receive a confirmation email containing a password to log into [viewpointscreening.com](http://viewpointscreening.com). When your background check is completed, you can visit [viewpointscreening.com](http://viewpointscreening.com) and print a copy of your background check report. Results are typically completed within 3-5 business days and will also be available to your school.

[Start Your Order](#) →

[View Your Results](#) →

[Student FAQs](#) →

[Disclaimer](#) →

[Contact](#) →

VIEWPOINT  SCREENING



**4**

**Review Package**

Once you click on the link, you will be taken to a package summary screen.

Once you review your package and the terms of use policy, click the button to acknowledge and hit NEXT.

### Required Package

The Allied Health programs at Victoria College requires the following service(s) to be performed by Viewpoint Screening:

Background Check:	Texas Statewide Criminal Records County Criminal Records (7 year history, all jurisdictions outside of TX) Nationwide Crime Database Nationwide Sexual Offender Registry Healthcare Fraud & Abuse (FACIS) OIG Exclusions List OFAC / Terrorist Watch List Address History / SSN Validation
Drug Test:	Lab based 10 panel urinalysis:  You will receive an email from Viewpoint Screening after 1 business day once you finish placing your online order regarding your drug test. This email will contain the instructions to have your drug test performed.
Health Portal:	This package includes document storage. At the end of the order process, you will have the capability to upload specific documents required by your school for immunization, medical or certification records.
Price:	\$90.00

### Terms of Use and Refund Policy

Please review the Terms and Conditions of Use carefully below.

Last Updated: 9/17/2019

These Terms and Conditions of Use/Terms of Use contain important information regarding both your and Viewpoint Screening's legal rights, obligations, and remedies and cover your use and access to the products, services, software, platform and Website. The Terms of Use also contain authorizations and consent to the collection, use, storage and disclosure by Viewpoint Screening of your information including without limitation personally identifiable information (PII), background check reports and results, drug test results, immunization records, and professional licenses or certifications.

☐ I have read, understand and agree to the [Viewpoint Screening Terms of Use and Refund Policy](#).

**Next**

## 5 Complete the APPLICANT INFORMATION and address sections as prompted.

### Applicant Information

First Name*:	<input type="text"/>
Last Name*:	<input type="text"/>
Middle Name:	<input type="text"/>
Alias/Maiden Name 1:	<input type="text"/> <b>Please Note:</b> If you <b>DO NOT</b> have an alias name, leave this field blank. Only provide if you have used an alias within the last 7 years.
Alias/Maiden Name 2:	<input type="text"/> <b>Please Note:</b> If you <b>DO NOT</b> have an alias name, leave this field blank. Only provide if you have used an alias within the last 7 years.
Alias/Maiden Name 3:	<input type="text"/> <b>Please Note:</b> If you <b>DO NOT</b> have an alias name, leave this field blank. Only provide if you have used an alias within the last 7 years.
Social Security Number*:	<input type="text"/> - <input type="text"/> - <input type="text"/> <b>Please Note:</b> If you have not been issued a valid U.S. SSN then enter all zeros (000-00-0000) instead.
Date of Birth*:	<input type="text"/> / <input type="text"/> / <input type="text"/> (mm/dd/yyyy)
Gender*:	<input type="radio"/> Male <input type="radio"/> Female

## 6 Complete payment section.

### Payment Information

First Name*:	<input type="text"/>
Last Name*:	<input type="text"/>
Credit Card Number*:	<input type="text"/>
Exp. Date*:	<input type="text"/> (MM/20YY)
CVV*2:	<input type="text"/>
Credit Card Type*:	<input type="text"/> Select Card Type
Contact Name (if business):	<input type="text"/>
Email*:	<input type="text"/>
Phone Number*:	<input type="text"/>
Address*:	<input type="text"/>
City*:	<input type="text"/>
State*:	<input type="text"/>
Postal Code*:	<input type="text"/>

• **IMPORTANT:** Please note that if you enter an address other than the one on file with the credit card's issuing bank, or an incorrect CVV code, Viewpoint Screening will deny your transaction for security purposes. Additionally, denied transactions may cause the funds to be held by your bank for up to 5 business days before being released back to the card.

• \*Viewpoint LLC\* will appear on your credit card statement.

• A Parent or Guardian's credit card will be accepted.



• **WARNING:** Your credit card will be charged when you click "Next." This fee is non-refundable.

• Do not click more than once or you may be charged multiple times.

Back

Next

### Current Residential Address:

E-Mail Address*:	<input type="text"/>
City*:	<input type="text"/>
State or U.S. Territory*:	<input type="text"/>
Country*:	<input type="text"/> United States
Zip Code*:	<input type="text"/> ZIP Code Look Up Tool <b>Please Note:</b> If you have an international address that does not require a Zip Code, please fill in "00000".

Back

Next

## 7 Log In to Your Account

Once your order is complete, you should be taken to a screen to like this to the right.

Your username will be the email you used to set up your account.

Change password here, and it will log you in to the Viewpoint System.

Thank you, your order has been submitted. Please be aware that this order does not contain a background check or a drug test.

You can now access your Health Portal to upload required documents.

You will be automatically logged into your account once you create/change your password.

Please RESET THE PASSWORD to your account associated with greys@anatomy.com

Passwords must contain one or more numbers, one or more special characters, and must be at least 12 characters long.

Enter your NEW password  ☐ Toggle Password

Confirm your NEW password

☐ I have provided a strong password that will be remembered

Reset Password

**NEXT** ➡

NEXT STEPS:

1. **HEALTH PORTAL:** Follow instructions on following pages to view your Health Portal requirements (to upload documents).
2. **DRUG TEST:** You will receive an email from Viewpoint Screening within 1-2 days with your Drug Test registration information and where to go for your test.



## TO LOG IN

Go to  
[www.viewpointscreening.com](http://www.viewpointscreening.com)  
Right Hand Corner: **LOG IN**

Username  
Password  
☐ Show Password  
Log In  
Forgot username and/or password?

Click here if you forget your username or password to request to have it emailed to you.

## View your HEALTH PORTAL REQUIREMENTS

Now you are logged into your Viewpoint Screening Account. This is your **Dashboard**. Click "Health Portal" to VIEW requirements.

Dashboard

Log Out

Dashboard

View Results

Place New Order

Health Portal

Drug Testing

Results

You have NOT placed an order that includes results for a background check and/or drug test. Select "Place New Order" only if you need a background check and/or drug test.

Drug Testing

You have NOT placed an order that includes a drug test. Select "Place New Order" only if you need a drug test performed.

Health Portal

You have placed an order that includes a Health Portal. Click "Health Portal" to see requirements and start uploading documents. Uploads are typically reviewed within 24 business hours.

Health Portal Messages

eLearning

You have NOT placed an order for eLearning. Select "Place New Order" only if your school has requested that you complete eLearning through Viewpoint Screening.

Fingerprinting

You have NOT placed an order for a fingerprint background. Select "Place New Order" only if your school has requested Viewpoint Screening.

## HOW TO SEE REQUIREMENTS & UPLOAD DOCUMENTS

Health Portal

Acceptable Files

File Size: The maximum file size that can be uploaded is 10 mb. If your PDF file is larger than 10 mb, please [click here](#) to compress the file. If you have a large number of files, please contact support@viewpointscreening.com for assistance.

File Types: Image files (jpeg, bmp, gif and png) may be uploaded or a PDF file may be uploaded. Any other file types cannot be uploaded. If you have a large number of files, please contact support@viewpointscreening.com for assistance.

What to Upload

Overwrite/Remove a Document

What Does "Series In Process" Mean?

CHES Form Requirement Description

OSHA / Bloodborne Pathogens Training Requirement Description

To VIEW YOUR GUIDELINES (what to do) for a particular requirement, click on that item's "Requirement Description."

CHES Form Requirement Description

Due Date: 08/31/2022

Submit a copy of the signed CHES Form

This is "Form C" from the Workforce Development Board website: <https://wdbscw.org/clinical>

[Click here for the CHES form](#)

Select File Close

## Guideline Description Box

From here, you can:

- View the guidelines for what to upload
- See important instructions
- View & download school forms
- Upload a file to correspond with this requirement

Due Date: 08/31/2022 Upload CHES Form Document

Due Date: 08/31/2022 Upload OSHA / Bloodborne Pathogens Training Document

**SAMPLE HEALTH PORTAL**

## TIPS

- READ the full guideline to make sure you provide the right documentation.
- Viewpoint Screening does not create your requirements. The school communicates requirements to us. Our role is to verify documentation.
- Make sure your name is visible on the document (before and AFTER upload).

# HOW TO UPLOAD A DOCUMENT

When you have the correct document available, you are ready to upload it to your Health Portal.

**CHES Form**  
Requirement Description

Due Date: 06/01/2022

Upload CHES Form Document

Submit a copy of the signed CHES Form

This is 'Form C' from the Workforce Development Board website: <https://wdbscw.org/clinical-g>

[Click here for the CHES form](#)

Select File Close

**CLICK either of these places to upload a document**

Once the document has been successfully uploaded, a new button will appear in the Row of the item with the DATE UPLOADED.

			date upload column	document status column	action date column
<b>Hepatitis B</b> Requirement Description	Click to view the document(s) you have uploaded	Upload New Hepatitis B Document	Document Uploaded On 04/07/22	Document Not-Approved 04/08/22	Next Action Date
<b>MMR</b> Requirement Description	Click to view the document(s) you have uploaded	Upload New MMR Document	Document Uploaded On 02/17/22	Document Approved 02/17/22	Next Action Date 01/01/2030

## Is my document approved or not?

Documents are reviewed in 24 hours, or in 1 business day if submitted on weekends. Once reviewed, every document is either APPROVED (and marked green), or NOT APPROVED (and marked red), with a date stamp of review.

Upload New Hepatitis B Document	Document Uploaded On 04/07/22	Document Not-Approved 04/08/22	Next Action Date
Upload New MMR Document	Document Uploaded On 02/17/22	Document Approved 02/17/22	Next Action Date 01/01/2030

## How can I see what I uploaded?

- ✓ Always CHECK what you uploaded.
- ✓ Is it the right doc?
- ✓ Is my name visible?

If a document is NOT APPROVED, you will receive an email notifying you with the reason for the rejection. This information can also be located at the bottom of your Health Portal listings under "HEALTH PORTAL MESSAGES."

<b>Hepatitis B Titer</b> Requirement Description	Click to view the document(s) you have uploaded	Upload New Hepatitis B Titer Document	Document Uploaded On 04/07/22	Document Not-Approved 04/08/22
Health Portal Messages				
04/20/2022 blah blkgzhdik				
04/08/2022 Hepatitis B - Please make sure to include your name on your document.				
07/22/2021 You did not provide the correct document.				
12/01/2020 CPR Certification - You have provided a non-BLS (Basic Life Support) certificate. Please submit a BLS certificate in order to gain approval.				



You will receive a general reminder email once weekly until you have reached full compliance for all of your documents.

## Support



studentsupport@vfpointhealth.com

Instant Chat - bottom right hand corner at

**VICTORIA COLLEGE**  
**\*Prices Subject to Change\***

**RESPIRATORY CARE**

**Possible Additional Program Costs**

**Program Costs beyond textbooks**

Maroon Scrub Top XS-4XL	\$ 29.00
Black Scrub Pant S-5XL	\$ 24.00
Black Lab coat XS-5XL	\$ 26.00
Maroon Polo XS-3XL	\$ 27.00
All BLACK shoes for clinical	\$ 100.00
Littmann Cardiology 4*	\$ 212.99
Littmann Master Cardiology* (Special edition Master Cardiology are \$269.49)	\$ 248.99

ViewPoint Drug screen & Background check with document management	\$ 90.00
S.C.O.P.E. membership/2 year	\$ 5.00
S.C.O.P.E. Volunteer shirt	\$ 20.00
Scientific Calculator	\$ 19.29
EKG Calipers (Summer Course)	\$ 7.99
Gas travel for out-of-town clinicals (estimate calculated at min 5 MPG, \$4.00/gal w/ the max mile facilities)	\$ 213.00

Gas travel for State Convention (one way)	\$ 253.60
Food costs for State Convention (2-3 days)	\$ 100.00

Actual cost to student will depend on stethoscope selection.

**These items are alternative Scopes**

- MDF ProCardial Core Classic (MDF797DD)
- MDF Classic Cardiology (MDF797)



VICTORIA COLLEGE 2200 E.  
RED RIVER  
VICTORIA, TEXAS 77901 PRE-ENTRANCE PHYSICAL EXAMINATION

**Date of exam must be within 6 months of admission.**

The applicant named below is a candidate for one of The Victoria College Allied Health Programs. Your cooperation in performing the pre-entrance Physical Examination and completion of this form will assist both the applicant and the program.

**Name of applicant:** \_\_\_\_\_  
Last Name First Name Maiden Name **Address:** \_\_\_\_\_  
City State Zip Number and Street

**Telephone #:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **SS#** \_\_\_\_\_

This portion to be completed by applicant:

**Medical History of Family:** (Please include heart or kidney disease, cancer, hypertension, diabetes, mental or nervous disorders and other chronic illnesses.) \_\_\_\_\_  
\_\_\_\_\_

**Previous Injuries** \_\_\_\_\_

**Medical History of Applicant: Check all that apply**

If you checked any of the below, please give dates and current status:

<input type="checkbox"/> Back Conditions/Disease/Injury	<input type="checkbox"/> Dizzy Spells	<input type="checkbox"/> Low Vision/Blindness
<input type="checkbox"/> Back Pain - Recurrent	<input type="checkbox"/> Double/Blurred Vision	<input type="checkbox"/> Memory Loss
<input type="checkbox"/> Bone Fracture	<input type="checkbox"/> Failing Vision	<input type="checkbox"/> Mental Illness
<input type="checkbox"/> Chest Pain	<input type="checkbox"/> Foot Pain	<input type="checkbox"/> Muscle Weakness
<input type="checkbox"/> Cold Numb Feet	<input type="checkbox"/> Gout	<input type="checkbox"/> Peripheral Vascular Disease
<input type="checkbox"/> Color Blindness	<input type="checkbox"/> Heart Murmur	<input type="checkbox"/> Ringing in Ears
<input type="checkbox"/> Communicable Disease(s)	<input type="checkbox"/> Hernia	<input type="checkbox"/> Seizure Disorder
<input type="checkbox"/> Convulsions/Seizures	<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Shortness of Breath: ____ On Exertion ____ Lying Flat
<input type="checkbox"/> Coronary Artery Disease	<input type="checkbox"/> Irregular Pulse	<input type="checkbox"/> Stroke
<input type="checkbox"/> Deafness	<input type="checkbox"/> Joint Disease/Injury	<input type="checkbox"/> Varicose Veins/Phlebitis
<input type="checkbox"/> Decreased Hearing	<input type="checkbox"/> Leg Pain When Walking	
<input type="checkbox"/> Diabetes Type ____ Insulin ____		

If you checked any of the above, please give dates and current status:

\_\_\_\_\_  
List any conditions you have that may (or do) affect your ability to

See: \_\_\_\_\_ Hear: \_\_\_\_\_ Walk: \_\_\_\_\_ Lift: \_\_\_\_\_ Bend: \_\_\_\_\_ Reach: \_\_\_\_\_  
Stand: \_\_\_\_\_ Stoop: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PHYSICAL EXAMINATION OF APPLICANT

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

TEMP \_\_\_\_\_ RESP \_\_\_\_\_ PULSE \_\_\_\_\_ B.P. \_\_\_\_\_ HT. \_\_\_\_\_ WT. \_\_\_\_\_

GENERAL APPEARANCE: \_\_\_\_\_

SKIN: \_\_\_\_\_ MUCOUS MEMBRANE: \_\_\_\_\_

EYES: VISION: R \_\_\_\_\_ L \_\_\_\_\_ CORRECTED \_\_\_\_\_ UNCORRECTED \_\_\_\_\_ COLOR TEST: \_\_\_\_\_

EARS: \_\_\_\_\_ HEARING: \_\_\_\_\_

NOSE: \_\_\_\_\_ THROAT: \_\_\_\_\_ PHARYNX: \_\_\_\_\_ TONSILS: \_\_\_\_\_

CHEST: \_\_\_\_\_

HEART: \_\_\_\_\_ BREAST: \_\_\_\_\_

LUNGS: \_\_\_\_\_

ABDOMEN: \_\_\_\_\_

\_\_\_\_\_

HERNIA: \_\_\_\_\_

EXTREMITIES: \_\_\_\_\_ PULSES: \_\_\_\_\_

ORTHOPEDIC CONDITIONS: \_\_\_\_\_

LYMPH NODES: NECK \_\_\_\_\_ AXILLA \_\_\_\_\_ INGUINAL \_\_\_\_\_

NEUROLOGICAL: \_\_\_\_\_

**DIAGNOSIS/FINDINGS:** \_\_\_\_\_

**RECOMMENDATIONS:** \_\_\_\_\_

***Based on this physical exam, I certify that this individual is suitable physically and emotionally for participation in an Allied Health Program.***

\_\_\_\_\_  
Typed/Printed Name of Healthcare Provider

\_\_\_\_\_  
Signature of Healthcare Provider

\_\_\_\_\_  
Street Address of Healthcare Provider

\_\_\_\_\_  
Date

\_\_\_\_\_  
City/State/Zip Code

( )  
Telephone #

\*\*\*READ THIS FIRST\*\*\*

## INSTRUCTIONS TO RECORD OF IMMUNIZATIONS

Immunizations must be current. This includes the DT/DPT first series and DT (diphtheria, tetanus) booster within the last 10 years, and MMR (measles, mumps, rubella) for students born after January 1, 1957.

If born before January 1, 1957 you must have a Rubella titer that shows immunity OR receive one dose of the MMR vaccine.

The two-step PPD skin test for tuberculosis is required. Obtain the first PPD test AND the second PPD should be done within 21 days after the first PPD. \*\*\*\*\*

### EXCEPTIONS TO IMMUNIZATION REQUIREMENT

(Verification of Immunity/History of Illness)

- (a) Serologic confirmations of immunity to measles, rubella, mumps, hepatitis A, hepatitis B, or varicella, are acceptable. Evidence of measles, rubella, mumps, hepatitis A, or hepatitis B, or varicella illnesses must consist of a laboratory report that indicates either confirmation of immunity or infection.
- (b) A parent or physician validated history of varicella disease (chickenpox) or varicella immunity is acceptable in lieu of vaccine. A written statement from a physician, or the student's parent or guardian, or school nurse, must support history of varicella disease.

\*\*See TSHS varicella form.

Print Name: \_\_\_\_\_

DOB: \_\_\_\_\_

## RECORD OF IMMUNIZATIONS

*Note: Please provide dates for each requested blank unless otherwise specified and proof of immunity, if applicable.*

**TETANUS/DIPHTHERIA:** DT/DPT First Series: \_\_\_\_\_ Booster date: \_\_\_\_  
(One dose of tetanus-diphtheria toxoid (Td) is required within the last ten years.)

**MEASLES/MUMPS/RUBELLA:** Two doses of MMR are required:

Dose #1 \_\_\_\_\_ (Immunization received as infant may be used as first dose.)

Dose #2 \_\_\_\_\_

**OR**

Proof of immunity to Rubella by Rubella titer: Immune Status/Date: \_\_\_\_\_

Proof of immunity to Measles by Measles titer: Immune Status/Date: \_\_\_\_\_

Proof of immunity to Mumps by Mumps titer: Immune Status/Date: \_\_\_\_\_

### **2 STEP PPD TB TEST**

**Note: TINE TESTS ARE NOT ACCEPTABLE**

1. Date of "first" skin test: \_\_\_\_\_ Reaction: \_\_\_\_\_mm

2. Date of "Second" skin test: (NOTE: must be within 21 days of first dose) \_\_\_\_\_ Reaction: \_\_\_\_\_mm

If candidate has a positive PPD, has he/she been evaluated for/received INH chemoprophylaxis? \_\_\_\_\_ If previous positive PPD, date of chest x-ray within 6 months of admission date: \_\_\_\_\_ Chest x-ray report: \_\_\_\_\_

### **HEPATITIS B SERIES:**

Date of First Dose: \_\_\_\_\_

Date of Second Dose (One (1) month after 1st dose): \_\_\_\_\_

Date of Third Dose (Six (6) months after 1st dose): \_\_\_\_\_

**OR** Serologic confirmation of immunity to hepatitis B virus:

Date: \_\_\_\_\_

Immune Status: \_\_\_\_\_

**(Series may take up to 6 months. Must be completed by August 1<sup>st</sup>.)**

### **VARICELLA:**

Date of 1st dose: \_\_\_\_\_ Date of 2nd dose: \_\_\_\_\_

**OR** Serologic confirmation of immunity to Varicella virus:

Date: \_\_\_\_\_

Immune Status: \_\_\_\_\_

By signing this document, you, the Healthcare Provider, are validating immune status on any titers reported above. Please attach laboratory results of all titers completed. **\*\*\*Healthcare Provider signature required.\*\*\***

\_\_\_\_\_  
Signature of Healthcare Provider

\_\_\_\_\_  
Date

