

**BALL STATE UNIVERSITY RESPIRATORY THERAPY PROGRAM  
PROFESSIONAL CONCENTRATION PHASE STARTING FALL 2025  
INSTRUCTIONS, CHECKLIST AND APPLICATION**

***Please read all information completely and follow all directions. Allow enough time prior to the application deadline to ensure you have all required documentation for submission of your application.***

**ADMISSION REQUIREMENTS TO SUBMIT AN APPLICATION - all requirements must be met by the application deadline, unless otherwise specified.**

- Please refer to the following for information regarding admission requirements:
  - BSU Undergraduate catalog, [www.bsu.edu](http://www.bsu.edu)
  - Respiratory Therapy advisor, Mathilda Okhuemoi, [mathilda.okhuemoi@bsu.edu](mailto:mathilda.okhuemoi@bsu.edu)
  - Respiratory Therapyn program director, Christopher Porter, [cporter2@iuhealth.org](mailto:cporter2@iuhealth.org)
  - Respiratory Therapy Check Sheet, [www.bsu.edu/respiratorytherapy](http://www.bsu.edu/respiratorytherapy)

**COMPLETING AND SUBMITTING AN APPLICATION - the following items apply to all applicants.**

1. Go online to [www.bsu.edu/respiratorytherapy](http://www.bsu.edu/respiratorytherapy) to obtain the most current respiratory therapy program application packet. Only the most current application packet will be accepted and may not be reformatted or changed. Right click on the document and save to your computer and then open with Adobe Acrobat Reader. Click on the link for a free download of Adobe Acrobat Reader if necessary, [www.adobe.com/reader](http://www.adobe.com/reader). Do *not* open and edit with Preview – save to your desktop first.
2. Reapplicants must resubmit a new application and all required materials. Current, official transcripts must be resubmitted each time.
3. All information on **pages 5-8** must be typed on the electronic version of the application on the computer. All required information must be provided for all spaces/questions on pages 5-8 including your name and date signed on the last page. Once completed, print pages 5-8 (no pictures or screen shots).
4. **If you have difficulty completing or printing the electronic version of the application, immediately contact the respiratory therapy program advisor or the Nutrition and Health Science Department for assistance. If you do not follow the directions your application may not be considered.**
5. The applicant is responsible for the accuracy and completeness of the application and all required documentation.
6. If you completed any college courses **at another university**, as soon as grades are posted, immediately request two official transcripts from the university at which you completed the courses.
  - Have the institution send one official transcript to the Office of Admissions, Lucina Hall, Ball State University, Muncie, IN, 47306.
  - Admissions must have time to enter your transfer courses prior to you requesting an official BSU transcript and/or printing your current Student DegreeWorks record. This has to be completed by the respiratory therapy program application deadline.
  - Keep the other official transcript to submit with your respiratory therapy program application.
7. Attach the following documentation to the program application:

If you have any questions or difficulty obtaining the BSU Student DegreeWorks record or official transcript(s), immediately contact the respiratory therapy program advisor for assistance at [mathilda.okhuemoi@bsu.edu](mailto:mathilda.okhuemoi@bsu.edu) prior to submitting your application packet.

  - a. A current BSU Student DegreeWorks record which includes your name and lists all of your BSU courses with grades and your transfer courses. It is recommended to print the

DegreeWorks record 01/01/2025 or after to ensure all pertinent course information is included.

- Your Student DegreeWorks record can be accessed through Self-Service Banner.
  - Transfer students must also print a current Student DegreeWorks record.
  - Print (do not screen shot) the DegreeWorks report showing your degree progress. The Student DegreeWorks record must show your name and all grades posted including the most current fall semester if taking any courses. Include all pages of the report to submit with your application packet. The report may say "Ellucian University" at the top. "Ellucian University is the program associated with DegreeWorks and it is fine to be visible.
  - If college courses were taken at another institution check your BSU Student DegreeWorks record to assure that all courses have been transferred and are listed prior to submitting your application packet.
  - If you have more than one major declared make sure to select the Respiratory Therapy major in the drop-down menu at the top of the DegreeWorks page.
    - If you have not declared Respiratory Therapy as a major, immediately contact the respiratory therapy program advisor for assistance prior to submitting your application packet.
- b. A current, printed official BSU transcript which lists all of your BSU courses including grades through the most current fall semester and all transfer courses.
- It is recommended to request the official BSU transcript 01/01/2025 or after to assure all courses and grades are included.
    - You must request a printed official BSU transcript even if you are a transfer student to show your transfer credits have officially been accepted.
    - If all BSU (including the most current fall semester) and transfer courses do not show on your official BSU transcript please contact the respiratory therapy program advisor for assistance prior to submitting your application packet.
    - **Unofficial or electronic BSU transcripts will not be accepted.**
    - You may request the transcript in person from the Office of the Registrar in Lucina Hall on BSU's campus or you may go to [www.bsu.edu](http://www.bsu.edu) and search for "Request Transcripts" and follow the directions.
- c. Current, printed official transcripts showing course grades from any other institutions from which you have transferred credits for all courses.
- This applies to any course whether taken in high school for college credit, course(s) taken many years ago, etc. This is in addition to the official transcripts supplied to BSU Admissions.
  - Transcripts must be submitted even if you retook the course at BSU or another institution.
  - **Unofficial or electronic transcripts will not be accepted.** If an institution will not release an official transcript directly to you, please contact the respiratory therapy program advisor for assistance prior to submitting your application packet.
- d. Documentation to show you are currently registered in any course(s) if taking course(s) in the spring semester at another university **other than BSU**.
- e. Documentation of completed clinical observation hours (optional).

8. **Disclosure of termination from healthcare facility**

**Full disclosure of involuntary termination from a healthcare facility is required on the application to the professional concentration phase of the respiratory therapy program.** The cause of termination will be reviewed to determine if you would not be eligible to work in a healthcare facility. If it is determined that you are not eligible to work in a healthcare facility due to the cause of termination, it will not be possible for you to complete the professional concentration phase of the respiratory therapy program and the application process will be stopped. All decisions are handled on a case-by-case basis.

9. **Disclosure of offense, misdemeanor or felony**  
***Full disclosure of any offense, misdemeanor or felony is required on the application to the professional concentration phase of the respiratory therapy program.*** You must disclose any offense, misdemeanor or felony regardless of how long ago they occurred even if you have been told nothing will show on your record, the charges were dismissed, etc. other than the exceptions listed below.
1. ***If you have questions on whether or not you need to disclose information it is your responsibility to contact the Respiratory Therapy Program Director at [cporter2@iuhealth.org](mailto:cporter2@iuhealth.org) well in advance of the application deadline prior to submitting the professional concentration phase application packet.***
  2. ***Exceptions that do not need to be disclosed are:***
    - a. Minor violations of traffic laws resulting in fines.
    - b. Arrests/convictions that have been expunged by a court.
  3. Disclosure will not automatically disqualify your professional concentration phase application.
  4. If you do not disclose prior offenses, misdemeanors or felonies on the professional concentration phase program application and a validated offense, misdemeanor or felony appears on your background check or is discovered later, your professional concentration phase application will be disqualified and/or professional concentration phase position will be revoked.

### **REVIEW OF APPLICATION PACKETS**

The Respiratory Therapy Program Admissions Committee will meet in February to review the application packets. Applicants are reminded that the application process is competitive, the number of professional concentration phase spots is limited, and the top-ranking applicants are selected for the program. Applicants will be ranked by overall GPA. Qualified applicants will be contacted to schedule an interview with program faculty in Indianapolis. Oral communication skills will be assessed during the interview.

### **NOTIFICATION OF ADMISSION STATUS**

Upon final review of the application packets, all applicants will be notified in writing, via email, of their admission status. Letters will be sent to the current email address listed on the respiratory therapy program application. Admission status will be one of the following:

- **Conditionally admitted:** This means the applicant has met the admission requirements. This person is one of the top applicants and a position will be reserved in the class if all of the remaining requirements are completed.
- **Waiting list:** This means the applicant has met all the requirements for admission but the class has already been filled with fully and/or conditionally admitted students. These applicants will be placed on the waiting list in order of their GPA at the time of receipt. If a position becomes available then the first person on the waiting list will be offered a position in the class.
- **Denied admission:** This means the applicant did not meet the admission requirements.



**Check as completed.**

**Do not submit your application packet if you do not have the required documentation attached!**

- \_\_\_ Meet with the respiratory therapy program advisor.
- \_\_\_ Assure that you are a current Ball State student by December 1. If you have not received an official admittance notification from BSU by the December 1 deadline, provide evidence that you officially applied to BSU by the first business day of November when submitting your application packet.
- \_\_\_ Complete **all** spaces/questions on all pages on the electronic application by typing in all responses on the computer.
- \_\_\_ Officially transfer any courses taken at another university.
- \_\_\_ Attach a current printed BSU Student DegreeWorks record (all pages) for your respiratory therapy major which includes your name and lists all of your BSU courses with grades and your transfer courses. It is recommended to print the DegreeWorks record 01/01/2025 or after to ensure all pertinent course information is included.
- \_\_\_ Attach a current, printed official BSU transcript which lists all of your BSU courses including grades through the most current fall semester and all transfer courses. It is recommended to request the official BSU transcript 01/01/2025 or after to ensure all courses and grades are included.
- \_\_\_ Attach current, printed official transcripts showing course grades from any other institutions.
- \_\_\_ Attach documentation to show you are currently registered in any course(s) if taking course(s) in the spring semester at another university **other than BSU**.
- \_\_\_ **After you print your application, check it again to make sure you have completed all spaces on all pages and that all information shows correctly. You only need to submit pages 5-8 of the application with your packet.**

**Return the application packet to the Department of Nutrition and Health Science, Health Professions Building 530, Ball State University, Muncie, IN 47306, no later than 5:00 p.m. local time (Eastern Standard Time) on the first business day of February.**

***Incomplete, inaccurate and/or late application packets may not be considered.***



LEGAL NAME \_\_\_\_\_  
LAST
FIRST
MIDDLE INITIAL

**RESPIRATORY THERAPY COURSES**

If you completed any courses at another educational institution **other than Ball State** refer to pages 1 and 2 for instructions on submitting current official transcripts.

List all courses in which you are currently enrolled or will be enrolled and at which educational institution you plan to take the course(s). If taking any course(s) at an institution **other than BSU**, proof of registration in the course(s) must be submitted with your application packet. If taking courses at BSU make sure the course(s) in which you are registered show on your DegreeWorks record and/or official BSU transcript.

NAME or PREFIX and NUMBER OF COURSE For example, Physiology 215 or PHYSL 215	AT WHICH EDUCATIONAL INSTITUTION WILL YOU TAKE THE COURSE? For example, Ball State or Ivy Tech	WHEN WILL YOU TAKE THE COURSE?

**DISCLOSURE OF TERMINATION FROM HEALTHCARE FACILITY**

Have you ever been involuntarily terminated from any healthcare facility?     Yes         No

If you answered “**Yes**”, complete the information below. The cause of termination will be reviewed to determine if you would not be eligible to work in a healthcare facility. If it is determined that you are not eligible to work in a healthcare facility due to the cause of termination, it will not be possible for you to complete the professional concentration phase of the respiratory therapy program and the application process will be stopped. All decisions are handled on a case-by-case basis.

LEGAL NAME \_\_\_\_\_  
 \_\_\_\_\_ LAST \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE INITIAL \_\_\_\_\_

**DISCLOSURE OF TERMINATION FROM HEALTHCARE FACILITY (continued)**

\_\_\_\_\_  
 Name of facility  
 \_\_\_\_\_ State in which facility is located

\_\_\_\_\_  
 County in which facility is located  
 \_\_\_\_\_ Date (Month/Year) of termination

Provide a **complete explanation** of the circumstances and reason for your involuntary termination in the space below. Failure to provide a complete explanation may result in your application not being considered. Attach another piece of paper with your application packet if necessary.

**DISCLOSURE OF OFFENSES, MISDEMEANOR OR FELONY**

Refer to page 3 of this application packet for a complete explanation regarding disclosure of offenses, misdemeanors or felonies.

**Full disclosure of any offense, misdemeanor or felony is required on the application to the professional concentration phase of the respiratory therapy program.** You must disclose any offense, misdemeanor or felony regardless of how long ago they occurred even if you have been told nothing will show on your record, the charges were dismissed, etc. other than the exceptions listed below.

**These bulleted exceptions do not have to be disclosed:**

- Minor violations of traffic laws resulting in fines.
- Arrests/convictions that have been expunged by a court.

Other than the exceptions listed above, have you ever been convicted of, pled guilty or *nolo contendere* to any offense, misdemeanor or felony in any state?       Yes       No

If you answered “Yes” complete the additional information.

\_\_\_\_\_  
 List nature of offense, misdemeanor or felony

\_\_\_\_\_  
 State of occurrence      \_\_\_\_\_  
 County of occurrence      \_\_\_\_\_  
 \_\_\_\_\_  
 Date (Month/Year) of occurrence

Provide a **complete explanation** of the offense, misdemeanor or felony in the space below. Failure to provide a complete explanation may result in your application not being considered. Attach another piece of paper with your application packet if necessary.

LEGAL NAME \_\_\_\_\_  
LAST FIRST MIDDLE INITIAL

**APPLICANT STATEMENT**

My typed signature below attests I have read the most current version of the following documents posted on the BSU website:

- Respiratory Therapy Program Application Instructions
- Respiratory Therapy Check Sheet

***Information on all requirements below will be provided by the program director if accepted to the professional concentration phase of the respiratory therapy program.***

My typed signature below attests that I understand all students accepted to the professional concentration phase of the Ball State University respiratory therapy program must:

- Possess United States citizenship or a permanent resident visa in the United States or student visa that does not expire prior to the completion date of the program.
- Possess a social security number.
- Provide a \$100 administrative fee to confirm the offered position in the program.
- Attend a mandatory orientation at IU Health Methodist Hospital in Indianapolis held in August.
- Successfully complete a background check through a company approved by IU Health. Students are responsible for the background check fee (minimum currently \$39).
- Successfully complete a drug screen performed by IU Health.
- Complete the Technical Standards for Admission and Retention Certification Form.
- Provide proof of health insurance coverage through the completion of the respiratory therapy program and documentation of mandatory immunizations/tests by a qualified health care provider.
- Provide proof of completion of an American Heart Association "Basic Life Support (BLS) for Healthcare Providers" course.
- Be a minimum of 18 years of age by the first day of the professional concentration phase of the program.
- Have a laptop computer with a camera and ability to download required software for course testing and reliable Internet.
- Provide any other requested documentation necessary for the professional concentration phase of the program.

To the best of my knowledge, I have read and understand the information and certify the information on this application and submitted documentation is accurate and complete. I understand that I am responsible for the completeness and accuracy of the application packet. I understand that falsification of required information and/or records will immediately disqualify my application from consideration.

**Type your name and date signed in the spaces below. Your typed legal name below qualifies as an electronic signature.**

\_\_\_\_\_  
 Typed full legal name

\_\_\_\_\_  
 Date signed (Month/Day/Year)