



COLLIN COLLEGE
Respiratory Care Program Application
2200 W. University Drive H207
McKinney, TX 75070



Date of Application:

PERSONAL INFORMATION

Last Name:

First Name:

MI

Preferred Name:

Collin College Student ID:

Collin Email Address:

Personal Email Address:

Home Address:

City:

State:

Zip Code:

Mobile Telephone Number:

Do you have a valid form of government-issued identification?
(i.e., ID card, driver's license, student visa, or passport)

Yes

No

How did you hear about the Respiratory Care Program?

CORE COURSES

AAS Core Courses Completed to Date:
(Complete (C) or In-Process (IP))

Semester/Year/School

General Psychology (PSYC 2301) or Sociology (SOCI 1301)

English 1301

PHIL 2303 or see Humanities / Fine Arts Options or will take

IMMUNIZATIONS

Indicate which ones are Complete (C) or In-Process (IP). Please provide proof of any completed immunizations.

Diphtheria/Tetanus/Pertussis (one dose within 10 years)

Hepatitis A (not required, but strongly recommended)

Hepatitis B: consists of a three-dose series over a seven-month period. **The series must be started well before the application deadline.**

- Proof of first injection must be provided with application. Suggest beginning this series in March of the application year.
- Proof of third injection must be provided to the Respiratory Care office by September 15 - date is subject to change.
- **Students compromise their standing in the program without completion of their immunizations. Failure to meet deadlines may result in dismissal from the program.**

MMR Vaccine (two doses) or titer showing immunity

TB Test (Negative Tuberculin Test (either TST or QFT. If history of positive PPD, must provide documentation of negative CXR and proof of positive PPD.

Flu Vaccine (must be complete at start of fall semester before first clinical rotation)

Varicella Vaccine

(two doses or titer showing immunity)

Transfer Students from another Respiratory Care Program and Transition Students should also complete an application.

Please Read and Sign:

I have reviewed the Functional Ability / Core Performance Standards worksheet. This can be found under the Forms link at www.collin.edu/rcp

Please Initial

By Signing below, I agree to the following conditions:

The information given in this application is factual. I understand that knowingly submitting false information is subject to a penalty of removal from consideration for the program, or removal from the program.

I further authorize the Respiratory Care Program to receive copies of my transcripts and/or other records relevant to admission to the Respiratory Care Program.

I have read, and agree to the terms in the Information Packet.

Signature

Date

Collin College does not discriminate on the basis of race, color, religion, age, sex, national origin, disability or veteran status.

Please return the completed application, signature page and checklists to the Health Sciences Division Office in H201 at our Central Park Campus in McKinney, TX between the hours of 8 a.m. and 5 p.m., Monday through Friday. The application deadline is the second Friday in May. This application may be emailed to jboganwright@collin.edu .

The Collin College Respiratory Care Program prepares graduates to work in the state of Texas.