



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

Date of Application: _____

Name: _____
 Last First MI Other names used

Social Security Number: _____ - _____ - _____ Email Address: _____

Collin College Student ID: _____ Collin Cougar Mail: _____

Home Address: _____
 Street/P.O. Box Number

City State Zip Code

Telephone Number Home _____ Mobile _____

Employer: _____ Employer Phone Number: (____) _____

Alternative Method of Contact:
 Name: _____
 Phone: (____) _____

Educational History: _____ GED/High School Graduation

High School Attended: _____

College(s) Attended: _____

Degree/Certificate Earned (include date earned): _____

Major: _____

Have you applied to any other program at Collin College either concurrently (now) or in the past 5 years?
 _____ Yes _____ No If yes complete the next section.

To what program did you apply? _____ Status: (circle one): **Accepted / Declined**

If declined, on what basis were you declined: _____
 Were you declined on the basis of a positive drug test or negative background check? **Yes / No**

Do you have any health care certifications?

Please complete the following admissions checklist and submit it with your application and signature page. From the list below, please check all items you have completed. Indicate "IP" for items in progress.

Prerequisites Completed to Date: Please list the semester and year each course was completed. If you attended multiple colleges, please indicate where the course was taken.

- _____ A&P I (BIOL 2401 or equivalent) within 5 years
- _____ A&P II (BIOL 2402 or equivalent) within 5 years
- _____ **HPRS 1272 Microbiology for Health Professions or Microbiology (BIOL 2420) within 5 years**
- _____ Basic Health Profession Skills (HPRS 1204) within 2 years
- _____ I have completed Math 0310 or higher level math within the last 5 years, or placed at college algebra level on TASP/THEA or Math Placement Exam.
- _____ PSB Exam Date or will take on _____
- _____ Information Session attended within 12 months; Date: _____

AAS Core Courses Completed to Date:

- _____ General Psychology (PSYC 2301) or Sociology (SOC 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)

- _____ 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 subject to change.
 - **Students compromise their standing in the program without completion of their immunizations. Failure to meet deadlines may result in dismissal from program.**
- _____ MMR Vaccine (two doses) or titer showing immunity.
- _____ TB Test (Negative Tuberculin Test (either TST or QFT and/or negative CXR. If history of positive PPD, must provide documentation of negative CXR.
- _____ Flu Vaccine (must be complete at start of fall semester before first clinical rotation.
- _____ Documentation for Varicella virus (chicken pox)
- Titer Test showing immunity or
 - Record of 2 doses of varicella vaccination
- _____ Bacterial Meningitis Vaccination (exempt if at least 22 years old.)
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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 obtain copies of my transcripts received by Collin County Community College 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 checklist to the Health Sciences Division Office in H201 at our Central Park Campus in McKinney, Texas between the hours of 8AM and 5PM, Monday through Friday. The application deadline is the second Friday in May. The application may be faxed to 214.491.6277 or emailed to asolis@collin.edu.