



**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: \_\_\_\_\_ Home Telephone Number: \_\_\_\_\_

Do you have a Social Security Card?    Yes    No    Do you have a F1 Student Visa?    Yes    No

How did you hear about the Respiratory Care Program?

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**EMPLOYER INFORMATION**

Employer: \_\_\_\_\_ Employer Phone Number: \_\_\_\_\_

**ALTERNATIVE CONTACT NAME:**

Relationship to Applicant: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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**EDUCATIONAL INFORMATION**

GED: High School Graduation:

High School Attended:

College(s) Attended:

Degree/Certificate Earned and Date Earned:

Major:

Have you applied to any other program at Collin College in the past 5 years? Yes No

If yes, to what program did you apply? Status: Accepted Declined

Do you have any active health care certifications?

Are you currently on a waitlist for another program? Yes No

**PREREQUISITES**

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 and when the course was taken.**

*(It is recommended that applicants meet with advising for any transfer courses)*

**Complete (C) or In-Process (IP) Semester/Year/School**

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

Completed Math 0310 or higher level within the last 5 years or placed as college algebra level on TASP/THEA or Math Placement Exam.

HESI or TEAS Exam Date, or will take on

Information Session attended within 12 months; **Date:**

## CORE COURSES

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

Semester/Year/School

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

English 1301

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

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## 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)

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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](http://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](mailto:jboganwright@collin.edu) .**

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