



SEMINOLE COMMUNITY COLLEGE

A.S. DEGREE RESPIRATORY CARE PROGRAM

APPLICATION FOR AUGUST 2008

- ◆ You must be a student at SCC before applying to this program.
- ◆ Computer access is required in most courses throughout the 5-term program.
- ◆ A packet is complete when all information requested has been provided in a sealed envelope. Successful applicants will be notified approximately 4-6 weeks after application deadline.
- ◆ It is the sole responsibility of the student to determine that all requirements have been met. Incomplete packets will not be considered for review or acceptance.
- ◆ Attendance at an information session is mandatory. Dates and times for information sessions are listed on the Respiratory Care website.
- ◆ If you are accepted to the Respiratory Care program a health assessment, including proof of immunizations, and a FBI background check will be required.

APPLICATIONS WILL BE ACCEPTED FROM JANUARY 1, 2008 – MAY 31, 2008

Items on the checklist below are required documents **THAT MUST BE SUBMITTED ALL AT ONCE TO HEALTH CAREER PROGRAMS IN A-108 (Altamonte Springs campus) IN A SEALED ENVELOPE.** Please initial and date each checklist item upon completion and include in your application packet.

____ 1. **Respiratory Care Program Application (this form).**

____ 2. **Attach a copy of your MySCC (unofficial) transcript.**

Highlight all required courses and your overall GPA (2.50 or higher) on the printout. Grades below a "C" are not acceptable in the required courses. **Transcripts from other colleges will not be accepted in the application packet.**

ENC1101	English I (<i>must be completed to enter program</i>)
XXXxxxx	College Algebra eligibility – either through test scores or course work (<i>must be highlighted on transcript to enter program</i>)
BSC2093C*	Anatomy and Physiology I (<i>must be completed to enter program</i>)
BSC2094C	Anatomy and Physiology II
MCB2010C	Microbiology
HUMxxxx	Humanities (3 credit hours)
PSY2012	General Psychology
CHM 1032C	Foundations of College Chemistry
OR	
PHY 1001C	Physics

*Prerequisites for this course are BSC1010C General Biology, MAT1033 Intermediate Algebra, and ENC1101 English I. BSC1010C may be used as your elective course (4 credit hours).

____ 3. **Math Eligibility Form** (available in the Counseling/Advising Office; Bldg. A)

____ 4. **Date that you attended the mandatory information session** _____ (Please fill in)

____ 5. **"Plan of Completion" form for all required general education courses not completed.**

(CONTINUED ON NEXT PAGE)

Respiratory Care Program Plan of Completion Form

Course Prefix and Number	Course Name	Term to be Completed
BSC2094C	Anatomy and Physiology II	_____
MCB2010C	Microbiology	_____
HUMxxxx	Humanities Elective	_____
PSY2012	General Psychology	_____
CHM1032C or PHY1001C	Foundations of College Chemistry or Physics	_____

****If you are currently enrolled in one of the above courses, please attach a copy of your registration receipt.**

Please type or print the following information:

Date: _____

Name: _____ E-mail _____

Address _____

City _____ State _____ Zip _____

Home Phone () _____ Alternate Phone () _____

Date of Birth _____ SSN/Student ID _____

All paperwork submitted becomes property of Seminole Community College and cannot be returned. We encourage you to make copies for your files.

Criminal Background Check Information

1. I have worked, resided, or been a student in a state other than Florida, or a country other than the United States during the past 24 months:
_____ Yes* _____ No

* If yes, give name(s) of state or country: _____

2. I have been arrested in Florida or another state. _____ Yes* _____ No

Name of state(s) and dates where arrest occurred: _____

***If yes, I have attached my disposition(s).**

3. I agree that I will immediately inform the Program Manager, in writing, within 48 hours of any pending criminal charges against me, to determine if such charges may alter my clinical eligibility.

I hereby swear under penalty of perjury that this information is true to the best of my informational knowledge. I understand that providing false information about my criminal background check will exclude me from acceptance to this program.

THIS APPLICATION DOES NOT GUARANTEE ADMISSION TO THE RESPIRATORY CARE PROGRAM.

I HAVE RECEIVED THE RESPIRATORY CARE INFORMATION PACKET AND UNDERSTAND THE ADMISSION PROCESS. I ALSO UNDERSTAND THAT SHOULD I NOT BE ACCEPTED, I WILL NEED TO SUBMIT A NEW APPLICATION EACH YEAR.

Signature: _____ Date: _____

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**It is the student's responsibility to inform the Health Career Program office of any changes to contact information.
(407-404-6004 or healthprograms@scc-fl.edu)**