**Online Information Session Attendance Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DALLAS COLLEGE - EL CENTRO CAMPUS**

**RESPIRATORY CARE PROGRAM APPLICATION**

**PLEASE PRINT:**

**DALLAS COLLEGE STUDENT ID NO.**

**NAME**

**Last First MI Maiden/Other**

**ADDRESS**

**Number and Street Apartment Number**

**City State Zip Code**

**PHONE**  **Home Cell/Other**

**EMAIL**

**HIGH SCHOOL GRADUATE?** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No GED?** \_\_\_\_\_\_\_ **Yes** \_\_\_\_\_\_\_ **No**

**LIST *ALL* PREVIOUS COLLEGES ATTENDED FOR ACADEMIC CREDIT. (Current official transcripts must be sent to** [**studenttranscripts@dallascollege.edu**](mailto:studenttranscripts@dallascollege.edu) **or mailed in an unopened, sealed envelope to Admissions – Eastfield campus, 3737 Motley Dr., Mesquite, TX 75150. Transcripts from Dallas College campuses are not required.**

**I certify that the information given on this application is complete and accurate.**

**Applicant’s Signature Date**

***Educational opportunities are offered by Dallas College without regard to race,***

***color, age, national origin, religion, sex, disability or sexual orientation.***

**STATEMENT OF STUDENTS’ RESPONSIBILITY**

**Review and initial each section as verification that you have read and understand this information:**

\_\_\_\_ I acknowledge that this information packet contains policies, regulations, and procedures in existence at the time this publication went to press. I also acknowledge that Dallas College reserves the right to make changes at any time to reflect current Board policies, administrative regulations and procedures, and applicable State and Federal regulations. Furthermore, I understand that this packet is for information purposes only and does not constitute a contract, expressed or implied, between any applicant, student, or faculty member and Dallas College.

\_\_\_\_ I understand that in order to be considered a qualified applicant to the program, I must meet the requirements of one of the three Application Eligibility Categories in addition to the prerequisite courses and other application requirements.

\_\_\_\_ I have read and understand the admission process for the Respiratory Care program which is a competitive selection process with a limited number of spaces available. I understand that successful completion of the Respiratory Care Prerequisite Courses, required HESI A2 test sections, and/or submission of complete application packet materials does not guarantee acceptance to the Respiratory Care program.

\_\_\_\_\_ I understand that I must submit all my current official transcripts (other than Dallas College transcripts) to [studenttranscripts@dallascollege.edu](mailto:studenttranscripts@dallascollege.edu) or mailed to Admissions – Eastfield campus, 3737 Motley Dr., Mesquite, TX 75150 prior to applying to a health sciences program and that failure to do so will void my application to the program.

\_\_\_\_ I accept full responsibility for submitting a complete Respiratory Care application packet prior to or by the designated application filing deadline and **understand incomplete materials will disqualify my application.** I also accept the responsibility of informing the Allied Health Admissions Office at the El Centro campus of any change in my status, address, telephone number, or other information that would affect my application status.

\_\_\_\_ I understand that if I am accepted to the program, I must submit the official physical exam form and documentation of required immunizations, tuberculosis screening, and BLS – Basic Life Support level CPR certification, and proof of personal healthcare coverage to SurScan and receive notification from them that I am compliant with these requirements no later than July 15, 2022 during the first semester of the program. I further understand that if I am not compliant by that deadline, I will not be allowed to progress to the fall semester and clinical rotations. **I also acknowledge that I am required to have my own personal health care insurance coverage and must submit documented proof to SurScan with my immunization records by July 15,2022.**

\_\_\_\_ I acknowledge that if admitted to the Respiratory Care program, I may be assigned to clinical rotations at area healthcare facilities which may require additional proof of immunity or additional inoculations/immunizations.

\_\_\_\_ I am aware that I will be required to undergo a criminal background check and mandatory drug screening prior to being allowed to attend a clinical rotation and that the results of these screenings become the property of the School of Health Science and will not be released to me or any other third party. I understand that should I be prohibited from attending a clinical rotation at a clinical facility due to findings on my drug screen or criminal background check, I may be dismissed from the Respiratory Care program.

\_\_\_\_ I understand that clinical opportunities in the Respiratory Care program may be limited for students without Social Security numbers and if accepted to the program, I am instructed to consult the Multi-Cultural Center a the El Centro campus prior to graduation from the program to inquire about obtaining a Social Security number.

\_\_\_\_ I acknowledge that program completion does not guarantee eligibility to write the licensing exam and that licensure eligibility is determined by the Texas Department of State Health Services. **I also acknowledge that a Social Security number is required to take the NBRC registry exam and to be licensed by the Texas Department of State Health Services to practice in the field of Respiratory Care.**

Applicant’s Signature Date