



RESPIRATORY THERAPY PROGRAM

Application checklist

Applicant, use this list to ensure that your application is complete. Incomplete applications will NOT be considered. Sign and date the list and place it in the packet. It is highly recommended that you send your application so that you will get a Confirmation of Receipt (such as Registered Mail) from the U.S. Postal Service or Delivery Service.

Send to: Science/Math/Technology Division
Respiratory Therapy Program, Bldg. 7
Skyline College
3300 College Drive
San Bruno, CA 94066

The Application Period is from January 15 to May 1 of every year.

Is/Are your:

- Skyline College Application on file in Admissions? Student ID G# _____
- Completed Respiratory Therapy application signed and enclosed – 4 pages?
- Essay on page 4 of the application handwritten?
- Official College transcripts submitted to Admissions? Official sealed transcripts verifying identified prerequisite courses. Unofficial transcripts may be printed through WebSmart and submitted for coursework completed through the San Mateo County Community College District. It is the applicant's responsibility to follow up with referring academic institution if transcripts are directly mailed to Skyline College.
- Application checklist completed?
- Three (3) Letters of Recommendation enclosed or being sent directly?
- Packet submitted before the May 1 deadline? Application will be date stamped when it is officially received, not "mailed-by" date.

Signature _____ Date _____

APPLICATIONS ARE DUE MAY 1
Notification Letters are mailed by May 30



RESPIRATORY THERAPY PROGRAM
Application Form
Accepted no later than 5 pm, May 1

Name _____

Last
First
MI

Previous Name (if different from above) _____

Social Security Number _____

Home Address _____

Street

City
State
Zip Code

Phone(s) Preferred: (____) _____ Secondary: (____) _____

Email (required): _____

Citizenship: USA Other _____

If other, what is your residency status? _____

Optional Information

Gender: Male Female Birthdate: _____

Family Status: Married Unmarried

Number of Children: _____ Age(s): _____

Present Employment (if any): _____

Prior Education:

List all High Schools, Colleges and Vocational Schools attended.

Name	Location	Dates	Degree/Certificate

Have you been enrolled in a health care program previously? Yes No
 If yes, what subject area? _____

If yes, and in the last five years, please include a recommendation from that program of study.

Did you complete the program? Yes No
 If not, please explain why: _____

Academic Record:
 Include only **college** work completed or in progress.

Course	College	Date	Grade/P if in Progress
BIOLOGY			
Anatomy			
Physiology			
General Biology			
Microbiology			
MED TERMINOLOGY			
CHEMISTRY			
Intro to Chemistry			
General Chemistry			
Organic Chemistry			
Biochemistry			
Chem for Health Sciences			
MATHEMATICS			
Algebra			
Calculus			
Statistics			
ENGLISH			
PHYSICS			
PSYCHOLOGY			

Medical/Legal Information:

All students will need a complete physical prior to entering the clinical component of the program. The following disclosed information is for counseling use only. This information will remain confidential and will not be used in determination of program acceptance.

Are there any current or previous conditions, illnesses, or medications which may affect your ability to meet the demands stated in the **Required Abilities Qualifications** document?

Yes No

If yes, please explain: _____

Have you ever been treated for any of the conditions below? If yes, place date.

Hepatitis High Blood Pressure Recurrent Dizzy Spells

Infectious Mononucleosis Diabetes Spinal Defects

Rheumatic Fever Heart Problems Back Problems

Tuberculosis Height: _____ Weight: _____

Licensure requirements for Respiratory Care Practitioners require that you respond to the following questions. A "yes" to any of the below may not preclude you from obtaining an RCP license, it will be used for counseling purposes only. *Social Security referenced background check/drug testing clearance is required of all students admitted into the program as a condition of their entry into the clinical setting.*

Have you ever had a conviction related to alcohol? Yes No

Have you ever been convicted for a drug violation? Yes No

Have you ever been arrested for a felony charge? Yes No

General Information:

Occasional evening and/or weekend educational or professional field trips may be required during the program. Respiratory Therapy students are assigned course work and clinical activities removed from campus. The student will be expected to provide transportation to and from these assignments.

