



Respiratory Care Program Application 2017

*Place Passport
photo Here.*

APPLICANT INFORMATION

Legal Name Last Name		First	M.I.	Date
Street Address			Apartment/Unit #	
City	State	ZIP		
Cell phone	()	Home phone	()	
Date of Birth	ECC Student ID #	SS # (last 4 digits)		
ECC email address		Personal Email Address		

EDUCATION

College Name		City/ State		
Years Attended	Major	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>		Degree: AA/AS BA/BS MA/MS other_____
College Name		City/ State		
Years Attended	Major	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>		Degree: AA/AS BA/BS MA/MS other_____
College Name		City/ State		
Years Attended	Major	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>		Degree: AA/AS BA/BS MA/MS other_____
College Name		City/ State		
Years Attended	Major	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>		Degree: AA/AS BA/BS MA/MS other_____

This page is to be completed by student & ECCRC Counselor

Note- A minimum G.P.A of 2.0 is required in all prerequisite coursework for an application to the program.

Course Name (ECC RC courses only: C=1, B=2, A=4 points)	Units Received	Grade Received	Grade Points	Course Points	School Taken	Term/year
Respiratory Care 172					El Camino College	
(must be completed at ECC)						
Respiratory Care 174					El Camino College	
(must be completed at ECC)						
<i>Non-RC Prerequisite courses may NOT be in progress at time of application</i>						
Anatomy 30						
or equivalent						
Computer Information Systems 13 or equivalent						
English 1A or equivalent						
Math 70, 73, or 80 or equivalent						
Psychology 5 or equivalent						
Totals				GPA=	GPA Points=	
Humanities or equivalent (3 units)						
Health & Physical Education or equivalent (3 units)						
<i>1 point is awarded for each course completed on this worksheet, except where noted</i>	Total Course Points (15 points maximum):			Total Points received for GPA and courses on this page (2):		
Counselor Names:(please circle)	Counselor Signature:			GPA	Point Value	
Chris Jeffries	<hr/>			4.0	25	
Janice Pon- Ishikawa	Date:			3.5	20	
Kelsey Iino	(Return to student, it is student's responsibility to complete and submit)			3.0	15	
Stephanie Bennett				2.5	10	
				2.0	5	

Respiratory Care Program Application Points Worksheet

This page is to be verified by an ECC RC Counselor

GPA, Academic and Course Completion- Points Evaluation
(minimum overall 2.0 GPA on prerequisite coursework required)

For Official Use Only Do Not Write
in The Columns Below

	Criteria	Point Value	Points Received
1.	GPA points from page 2	listed on page 2	
2.	Total points for courses from page 2	listed on page 2	
3.	Other relevant course points (All courses must be completed with a C grade or higher)		
	Respiratory Care 170	C=1, B=2, A=4	
	PE 201 (Adaptive PE Assistant)	C, B, or A =1	
	Communication Studies 1 or 12 (Speech Courses)	B or A =1	
	Medical Terminology 1	C, B, or A =1	
4.	Proficiency on comprehensive RC readiness exam (Covering 170, 172, 174) (Dates TBA)	C=2, B=4, A=5	
5.	Previous academic degrees, diplomas, medical credentials or American military service		
	AS/AA, BS/BA, MS/MA, or Doctorate	1-4	
	RPT, RN, MD, DO, or other Medical Credential (RC faculty)	1-5	
	American Veteran	3	

<p>Counselor Names:(please circle)</p> <p><i>Chris Jeffries Janice Pon-Ishikawa</i></p> <p><i>Kelsey Iino Stephanie Bennett</i></p>	<p>Counselor Signature:</p> <p>_____</p> <p style="text-align: center;">Date:</p> <p style="text-align: center;">(Return to student, it is student's responsibility to complete and submit)</p>	<p style="text-align: center;">Total Points received for page 3</p> <p style="text-align: center;">_____</p>
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This page is to be completed by the applicant with documentation attached. Points will be verified by a Respiratory Care program faculty after the application is submitted.

Part 3- Work and/or Volunteer and Observation Experience Must be completed within the last 7 years from the date of application to receive points.				For Official Use Only Do Not Write in The Columns Below	
Criteria for Additional Points		Point Value	Applicant: Please indicate with an X on the box if you are attaching documentation for points consideration in any of the areas below.		Eligible # of points verified
8	Caregiver for relative with chronic respiratory condition.	2-10 (2 per year)	<input type="checkbox"/>	Please attach details, name & contact information with someone to verify.	
9	Associate degree in health profession (degree related to practice of RC)	1-3	<input type="checkbox"/>	Please attach details, name & contact information with someone to verify.	
10	Other Health Occupations work experience with direct patient care > 1000 hours	5	<input type="checkbox"/>	Please attach details, name & contact information with someone to verify.	
11	RT Program-Clinical Experience >500 hours >150 hours	5 3	<input type="checkbox"/>	Please attach details, name & contact information with someone to verify.	
12	Other work experience while attending college	2	<input type="checkbox"/>	Please attach details, name & contact information with someone to verify.	
13	Observation hours in Respiratory Care >40 hours 25-39 hours	3 2	<input type="checkbox"/>	Please attach details, name & contact information with someone to verify.	
14	Volunteer or Caregiver in other healthcare area or for relative >500 hours	2	<input type="checkbox"/>	Please attach details, name & contact information with someone to verify.	
15	Community Service or Service to ECCRC >500 hours	1	<input type="checkbox"/>	Please attach details, name & contact information with someone to verify.	
Documentation reviewed and points verified by:			Total Points received for page 4=_____		
RC Faculty signature:_____			Total Points for application= _____		