



# Respiratory Care Program Application 2018

*Place Passport  
photo Here.*

**APPLICANT INFORMATION**

<b>Legal Name</b> 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.**

<b>Course Name (ECC RC courses only: C=1, B=2, A=4 points)</b>	<b>Units Received</b>	<b>Grade Received</b>	<b>Grade Points</b>	<b>Course Points</b>	<b>School Taken</b>	<b>Term/year</b>												
Respiratory Care 172 (must be completed at ECC)					El Camino College													
Respiratory Care 174 (must be completed at ECC)					El Camino College													
<b><i>Non-RC Prerequisite courses may NOT be in progress at time of application</i></b>																		
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																		
<b>Totals</b>				<b>GPA=</b>	<b>GPA Points=</b>													
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>	<b>Total Course Points (15 points maximum):</b>			<b>Total Points received for GPA and courses on this page (2):</b>														
<b>Counselor Names:(please circle)</b>  <b>Chris Jeffries      Janice Pon- Ishikawa</b>  <b>Kelsey Iino      Stephanie Bennett</b>	<b>Counselor Signature:</b>  _____			<table border="1"> <thead> <tr> <th>GPA</th> <th>Point Value</th> </tr> </thead> <tbody> <tr> <td>4.0</td> <td>25</td> </tr> <tr> <td>3.5</td> <td>20</td> </tr> <tr> <td>3.0</td> <td>15</td> </tr> <tr> <td>2.5</td> <td>10</td> </tr> <tr> <td>2.0</td> <td>5</td> </tr> </tbody> </table>			GPA	Point Value	4.0	25	3.5	20	3.0	15	2.5	10	2.0	5
GPA	Point Value																	
4.0	25																	
3.5	20																	
3.0	15																	
2.5	10																	
2.0	5																	
	<b>Date:</b>  _____																	
	(Return to student, it is student's responsibility to complete and submit)																	

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

<p><b>Counselor Names:(please circle)</b></p> <p><i>Chris Jeffries      Janice Pon-Ishikawa</i></p> <p><i>Kelsey Iino          Stephanie Bennett</i></p>	<p><b>Counselor Signature:</b></p> <p>_____</p> <p style="text-align: center;"><b>Date:</b></p> <p style="text-align: center;">(Return to student, it is student's responsibility to complete and submit)</p>	<p style="text-align: center;"><b>Total Points received for page 3</b></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:

RC Faculty signature: \_\_\_\_\_

Total Points received for page 4=\_\_\_\_\_

Total Points for application= \_\_\_\_\_