

Respiratory Therapy Program

Respiratory Therapy Application Kansas City Kansas Community College

Respiratory Care Associate of Applied Science

I am applying for admission in the following semester/year.

Please check with a program advisor to be certain of specific class and program schedules.

Fall 20____ Spring 20____

PLEASE PRINT OR TYPE:

STUDENT'S NAME: _____
Last First Middle

ADDRESS: _____
Street number City State Zip Code

MOBILE PHONE: _____ HOME PHONE: _____

Email: _____

KCKCC STUDENT ID: _____

OTHER NAMES THAT MAY APPEAR ON PREVIOUS TRANSCRIPTS:

EDUCATION: (List all colleges and universities attended.)

NAME OF SCHOOL	LOCATION	DATES	GRADUATE YES/NO
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

RESPIRATORY THERAPY APPLICATION

EMPLOYMENT:

<u>NAME OF EMPLOYER</u>	<u>LOCATION</u>	<u>DATES</u>	<u>DUTIES</u>

PERSONAL REFERENCES:

<u>NAME and TITLE</u>	<u>ADDRESS</u>	<u>EMAIL</u>

How did you learn about the KCKCC Respiratory Therapy Program? _____

RESPIRATORY THERAPY APPLICATION

Do you have any condition that would interfere with your functioning as a healthcare professional?

☐ NO ☐ YES If yes, please explain. _____

Do you have a misdemeanor or felony conviction record?

☐ NO ☐ YES If yes, please explain. _____

The Kansas Board of Healing Arts, and other professional licensing offices of other states, will do a criminal background check before granting a student permit or therapist license. A criminal record may place restrictions on the permit/license, or may be cause for denial of a permit/license. Clinical facilities affiliated with the program may require student permits.

The Respiratory Therapy Program will also conduct a criminal background check. Results may affect your ability to access clinical settings.

The respiratory therapy program is collaboratively offered in affiliation with several clinical facilities including but not limited to Centerpoint Medical Center (Independence, MO), Children's Mercy Hospital (Kansas City, MO), Liberty Hospital (Liberty, MO), Mosaic Medical Center (St. Joseph, MO), North Kansas City Hospital (North Kansas City, MO), Providence Medical Center (Kansas City, KS), Research Medical Center (Kansas City, MO), and The University of Kansas Hospital (Kansas City, KS). Each clinical affiliate determines if and when students may use their facility.

Please note that the clinical facilities affiliated with the program may require drug testing at any time. Use of illicit drugs will result in release from the program. Further, students are expected to comply with clinical policies of the program and the affiliates. Non-compliance with policies of the program or of a clinical affiliate will result in release from the program.

Please note that there is substantial pre-requisite or co-requisite coursework that must be completed prior to graduating from the respiratory therapy programs. Respiratory Therapy courses need to be taken in an approved program sequence. Students must achieve passing scores on program exit exams to graduate.

Please note that applicants to the respiratory therapy program need submit the following. Early applications are preferred. Applications are, however, accepted through the week prior to the commencement of classes.

- 1) Kansas City Kansas Community College Application, if not currently enrolled
- 2) This program application
- 3) Official college transcripts

Kansas City Kansas Community College is an equal opportunity educational institution.

I hereby certify that the foregoing statements, made by me, are true and correct to the best of my knowledge. I authorize KCKCC and/or the Respiratory Therapy Program and/or any or all clinical affiliates to investigate all statements made in this application. Such investigation may continue up to but not longer than the period of my enrollment in the program if accepted. I agree that KCKCC, the Respiratory Therapy Program, clinical affiliates, nor my references shall in any way be liable to me because of any information given to KCKCC, the Respiratory Therapy Programs or clinical affiliates. If this application is rejected as a result of inquiries made, KCKCC, the Respiratory Therapy Program, or the clinical affiliates shall have no obligation to advise me of the reason for the rejection. Falsification of any information listed in this application will be sufficient cause for expulsion.

SIGNATURE OF APPLICANT: _____ DATE: _____

Respiratory Therapy, Kansas City Kansas Community College
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Or email: mparrett@kckcc.edu