

**APPLICATION FOR RESPIRATORY CARE PROGRAM  
BACHELOR OF SCIENCE IN RESPIRATORY CARE (BSRC)  
TEXAS STATE UNIVERSITY**

This application is for program admission  Regular Track – BSRC Program Fall \_\_\_\_\_  
 Online- Track - BSRC Program  Fall  Spring  Summer

**PERSONAL INFORMATION**

Full Legal Name \_\_\_\_\_  
 Last First Middle

Social Security Number \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Texas State University ID: A\_\_\_\_\_

CURRENT mailing address \_\_\_\_\_  
 Street

City State Zip E-mail address

Home Phone No. (\_\_\_\_\_) \_\_\_\_\_ Cell Phone No. (\_\_\_\_\_) \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Male  Female

Ethnic Origin (Optional)-Check One:  White  Black  Hispanic  Indian  Asian  Foreign National

PERMANENT Address \_\_\_\_\_  
 Street

**Note:** This address should be constant; one where you can be reached now and in future years

City State Zip

(\_\_\_\_\_) \_\_\_\_\_  
 Telephone

**EDUCATIONAL INFORMATION**

Please list each high school and college/university attended or will attend prior to enrolling at Texas State.

Name of School	City, State	Dates of Attendance	Diploma/Degree or Semester Hrs.	GPA

Veteran Status: Are you a veteran? Yes/No If yes, what military Branch? \_\_\_\_\_

1. Have you previously applied for admission to the Texas State University RC Program?  Yes  No  
 If so, when? \_\_\_\_\_

2. How did you learn about the Texas State BSRC program?  Website  Catalog  Student  In Hospital  Other

3. Were you ever required to leave high school, college, graduate or professional school or ever denied readmission due to deficiencies of conduct or scholarship?  Yes  No If yes, attach a written explanation.

4. Do you hold a credential/license in a healthcare profession?  Yes  No List: \_\_\_\_\_

5. Have you ever worked in Respiratory Care?  Yes  No If Yes, where, when: \_\_\_\_\_

6. RC students are required to attend clinical classes in Austin/Round Rock surrounding areas. Please state your tentative clinical city preference\* \_\_\_\_\_ \*Although efforts are made to meet requests, your clinical choice does not guarantee placement

7. Do you own a car?\*  Yes  No Where do you plan to reside while at Texas State?\* \_\_\_\_\_

\* For clinical assignment purposes only

8. How would you rate your general health? Excellent  Good  Fair  Poor

## HEALTH & IMMUNIZATION INFORMATION

Each student admitted to the Respiratory Care Program is required to have a Health Report completed by a Licensed Health Care Provider. The report will indicate completion of a physical exam and immunizations for poliomyelitis, measles, mumps, rubella, tetanus, diphtheria, pertussis, TB test or chest X-ray or blood titer, varicella, Hepatitis B, and annual flu shot. Documentation is the responsibility of the student and a copy of the Health Report must be kept on file in the department.

**CRIMINAL BACKGROUND CHECK/DRUG SCREENING/PROOF OF IMMUNIZATION: Background checks, drug screening, and proof of immunization are required following initial acceptance into the program. Applicants must successfully clear each of these three requirements to be fully accepted into the program. Applicants who fail to clear each of these three requirements will not be accepted into the program.**

Based on the Respiratory Care Practitioners Act for the State of Texas (Occupations Code, Title 3, Subtitle K, Chapter 604), the Respiratory Care Practitioner (RCP) license is required to practice respiratory therapy in the State of Texas under the purview of the Texas Medical Board (TMB). An applicant applying for the RCP license can be denied if convicted of any misdemeanor and/or felony offense defined as a crime by statute or common law; or has been convicted of a misdemeanor or felony offense under various titles of the Texas Penal Code. Misdemeanor or felony convictions under various titles of the Texas Penal Code may affect eligibility for state respiratory care practitioner license status following graduation and/or admission consideration to the BSRC program. All applications are reviewed to meet required criteria and specific background circumstances are reviewed on an individual basis. Have you been previously convicted of a misdemeanor or felony offense?  Yes  No If yes, provide a written explanation.

Texas State University is not required to admit to the program an applicant with a flagged background check who has been given tentative clearance for a license by the Texas Medical Board. Applicants should be aware that such clearance by the TMB does not guarantee an applicant's employability.

**MEDICAL HEALTHCARE INSURANCE COVERAGE is highly recommended** for all students admitted to the BSRC program, but not required.

**PROOF OF COMPLETION OF AN AMERICAN HEART ASSOCIATION (AHA) COURSE IN BASIC LIFE SUPPORT (BLS) FOR HEALTHCARE PROVIDERS WILL BE REQUIRED** for all students admitted to the BSRC program.

Finally, applicants should be aware that the University does not control the individual requirements of hospital systems for clinical rotations and employment and that such requirements might directly impact an applicant's ability to complete their clinical education, obtain future employment, or obtain appropriate licensure.

I understand that the Respiratory Care Program Admissions Committee cannot make any decision regarding my application until this application, transcripts for all courses, and other supporting material have been received. If I have pre-requisite courses in progress, I understand that if I am accepted into the program that the acceptance is conditional upon satisfactory completion of these courses by the end of the summer session prior to fall admission to the Program. Transcripts showing additional work after acceptance must also be submitted.

I certify that the information in this application is complete and correct and understand that the submission of false information is grounds for rejection of my application, withdrawal of any offer of acceptance, cancellation of enrollment, or appropriate disciplinary action.

### Notice for Request of Social Security Number for Student Application Process

Disclosure of your Social Security number is requested for the student records system of Texas State University and for compliance with federal and state reporting requirements. Federal law requires that you provide your SSN if you are applying for financial aid. Although a SSN is not required for admission to the university, failure to provide your SSN may result in delays in processing your application or in the university's inability to match your application with transcripts, test scores, and other materials. Student SSNs are maintained and used by the university for financial aid, internal verification, and administrative purposes, and for reports to federal and state agencies as required by law. The privacy and confidentiality of student records is protected by law and the university will not disclose your SSN without your consent for any other purposes except as allowed by law. With few exceptions, the individual is entitled on request to be informed about the information that the institution collects about the individual; to receive and review the information; and to have the institution correct information about the individual that is incorrect.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

*Application forms and accompanying documents (including transcripts) become the property of Texas State. Materials will not be returned or copied for applicants. If there are circumstances, which may have an influence on your admission, which you would like for those reviewing your application to know about, please describe on a separate sheet and attach.*

Form edited: 7/20/18