

GCC RESPIRATORY CARE PROGRAM DATA-APPLICATION FORM

Semester and Year of Admission into the Respiratory Care Program _____

Last Name First Middle Maiden/Other

Address City State Zip

County of Residence _____ Phone Number _____ E-mail _____

Gender: _____ Male _____ Female Age _____ Date of Birth _____

SSN: _____ - _____ - _____ GCC 800 # _____

Person to Notify in Case of Emergency: _____
Name Relationship Phone Number

Race/Ethnic Origin: (optional) African American, Non-Hispanic _____ American Indian/Alaskan native _____
Asian/Pacific Islander _____ Hispanic _____ Caucasian/white _____

How did you hear about the Respiratory Care Program at GCC?

Why did you choose the Respiratory Care Program at GCC? _____

High School Attending or Attended _____
High School City State

Date of Graduation _____ OR Date of General Equivalency Diploma (GED) _____

List All Colleges and Universities Attended.

NAME OF COLLEGE/UNIVERSITY	LOCATION	DATES	DEGREE	MAJOR
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Have you attended another Respiratory Care program? ___ Yes ___ No If yes, where? _____
Reason for leaving _____ (A reference from this previous Respiratory Care clinical program is required. Please request this.) RCP Licensure ___ Yes ___ No RCP Licensure Pending ___ Yes ___ No

Will you be attending GCC full-time (12 credits or more) or part-time (11 credits or less)? _____

Will you work while attending GCC? ___ Yes ___ No If yes, where? _____ How many hours per week? ___

[MORE INFORMATION ON REVERSE SIDE]

Health Related Work Experience: List most current job first.

EMPLOYER	LOCATION	DUTIES	DATES
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other Work Experience:

_____	_____	_____	_____
_____	_____	_____	_____

Please answer the following questions and provide an explanation for each “YES” response on a separate piece of paper, with a complete description of dates and events. You must also include ALL supporting applicable documents.

- Have you ever been convicted, pled guilty or no contest, or been granted a deferred judgment or sentence with respect to a felony, misdemeanor or petty offense (including drug and/or alcohol violations) other than minor traffic violations? ___ Yes ___ No
- Are there any pending criminal prosecutions against you? ___ Yes ___ No
- Have you ever had privileges revoked, reduced, or otherwise restricted at any hospital or other healthcare provider entity? ___ Yes ___ No
- Have you ever been treated for abuse or misuse of any alcohol or chemical substance? ___ Yes ___ No
- Have you experienced a physical, emotional, or mental condition that has endangered the health or safety of yourself and/or persons entrusted in your care? ___ Yes ___ No
- Has any professional license or certificate ever held by you in any state or country been denied, revoked, suspended, stipulated, placed on probation, or otherwise subject to any type of disciplinary action? ___ Yes ___ No
- Are you currently being investigated or is disciplinary action pending against any professional license(s) or certificate(s) held by you? ___ Yes ___ No
- I have read and understand the following:** ___ Yes ___ No

Genesee Community College may require a criminal background check as part of conditional admission to all health profession programs. Background checks will be performed only after the applicant has received notice of conditional admission. Felony convictions may result in denial of acceptance to the program and/or eligibility of licensure. Drug screening checks may be required for licensure and/or clinical placement.

The GCC Respiratory Care Program reserves the right to deny admission based on the best interest of the profession.

My answers to the above questions are true, accurate, and complete to the best of my knowledge. I understand that any falsification will be considered grounds for dismissal from the GCC Respiratory Care Program should I be accepted. I also understand that admission or graduation from a health profession program does not guarantee obtaining a license or certificate to practice. Licensure and certification requirements and the subsequent procedures are the exclusive right and responsibility of the state boards regulating professional practice.

Applicant's Signature

Date