



Respiratory Therapy Program
Application Fall 2019

PLEASE PRINT CLEARLY

1. Last Name _____ First Name _____ MI ____ Maiden _____
Other Names _____
Andrew College Student ID # _____
Email Address _____
Mailing Address _____
City _____ State _____ Zip Code _____
Phones (Cell) _____ (Home) _____ (Work) _____

2. Have you ever been admitted to (yes___ no___) or attended a respiratory therapy program? (yes___ no___)
If yes, why did you leave or not attend that program? _____

3. Have you completed any other health care education programs? (yes ___ no___)
If yes, please list the type and location of the program. _____
Do you hold any professional licenses? (yes___ no___)
If yes, please list the name of the licensed profession, license number, and state of licensure.

Have any of your professional licenses been revoked, suspended, or limited in any way? (yes___ no___)
If yes, please explain.

4. Why did you choose Andrew College?

5. Why did you choose Respiratory Therapy? Please respond in the form of an essay (no more than 1 page) and attach it to your application.

6. Please attach 2 letters of reference from teachers, employers, etc. who can attest to your intellectual capacity, skill level, and/or work ethic.

7. Please include unofficial transcripts to ALL previously attended colleges.

8. Please include immunization history (G.R.I.T.S. form).



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Certification of Medical Examination Form

To be completed by student:

Name: _____ Date: _____

Date of Birth: _____ Telephone Number: _____

Mailing Address: _____

Emergency Contact Name: _____ Telephone Number: _____

Personal Physician: _____ Telephone Number: _____

To be completed by a Physician/PA/NP:

This is to certify that I have examined _____ and find him/her to be of general good health.

Date of Examination

Signature of Physician/PA/NP

This is to certify that I have examined _____ and find him/her to be of general good health except for the following conditions:

Date of Examination

Signature of Physician/PA/NP



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Your application will not be considered until all documents have been received. Admission to the Respiratory Therapy program is competitive and based on the size of the class, therefore admission is not guaranteed to all who have a completed application.

Important Notice: The Respiratory Therapy Program requires criminal background checks and drug screens upon acceptance and throughout the respiratory therapy program as required by clinical agencies. A student who is denied access to a clinical agency will be dismissed from the program due to the inability to complete the program requirements. Andrew College Respiratory Therapy will NOT seek additional areas for clinical placement.

I certify that the information I have submitted is true

Signature _____ Date _____

Submit your completed application and additional documents to:

Andrew College
Respiratory Therapy Program
501 College Street
Cuthbert, GA 39840

Should you have any questions or concerns while completing this application, please contact:

Katie Brown, RRT, M.Ed., Respiratory Therapy Program Director

kathrynbrown@andrewcollege.edu

(229)732-5977



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Dear Respiratory Therapy Program Applicant:

Thank you for your interest in the Andrew College Respiratory Therapy Program. We look forward to receiving all of your application materials. Please be aware that admission to the program is competitive and class size is limited. All things being equal, completed applications will be considered on the basis of the date they were received. Acceptance into the program is not guaranteed. Qualified students may apply to the program in subsequent years if they are not admitted initially.

Further information about admission to the program and other general program information may be found on the Andrew College website at: www.andrewcollege.edu or you may contact the Andrew College Respiratory Therapy Program Director, Katie Brown, at: (229) 732-5977 or via email at: kathrynbrown@andrewcollege.edu.

Respiratory Therapy Admissions Checklist:

- _____ Applied and accepted to Andrew College (date received : _____)
- _____ Completed separate application to the Respiratory Therapy Program (date received : _____)
- _____ Submitted essay of 1 page (date received : _____)
- _____ Two letters of reference submitted (date received : _____)
- _____ Submitted information on all other professional licenses, if applicable (date received : _____)
- _____ Submitted unofficial transcripts of all colleges attended, if applicable (date received : _____)
- _____ Submitted certification of health examination form (date received : _____)
- _____ Submitted immunization form (date received : _____)

The Associate Degree of Respiratory Therapy Program is approved by:

Southern Association of Colleges and Schools

1866 Southern Lane

Decatur, GA 30033

Telephone: (404)679-4500

Website: www.sacs.org

Andrew College is currently in the process of seeking CoARC accreditation for a respiratory care program. However, Andrew College can provide no assurance that accreditation will be granted by the CoARC.

CoARC

1248 Harwood Road

Bedford, TX 76021-4244

TELEPHONE: 817-283-2835

Website: www.coarc.com



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Admissions Requirements Specific to the Respiratory Therapy Program:

1. Admission to Andrew College
2. Completed application to the Respiratory Therapy Program submitted by the application deadline (July 1) including supplemental documents and unofficial transcripts
3. Completed all Learning Support requirements
4. GPA of 2.5 or above from HS and/or on all college work

Science courses taken more than five years prior to enrollment in the program will be evaluated by the Respiratory Therapy Program Director and may need to be **repeated**.

Additional Requirements Once Accepted to the Respiratory Therapy Program:

1. Annual PPD
2. Annual Flu Shot
3. Criminal Background Check (through PreCheck)
4. Drug Screen (through PreCheck)
5. Liability Insurance (group rate through Andrew College Allied Health)
6. It is strongly recommended that all students have health insurance. The student is responsible for all health related costs that may incur while in class or clinic.
7. Basic Life Support for Healthcare Providers certification through American Heart Association
8. Student must have transportation to and from assigned clinical sites and must be able to attend all clinical sites as assigned.

Other Important Information:

- Our clinical partners have the right to deny placement to any student. Students denied clinical placement for any reason will not be able to complete the program requirements; therefore, they will be withdrawn from the program. Andrew College Respiratory Therapy Program will not seek additional areas for clinical placement should a student be denied placement.
- Students with criminal findings on the background check and/or a positive drug screen who are denied clinical placement will not be able to complete the program; therefore, they will be withdrawn from the program.
- Clinical sites include (but not limited to): Southwest GA Regional Medical Center, Hospital Authority of Miller County, Southeast AL Medical Center, Medical Center of Barbour, Phoebe Putney Health System, and Lillian Carter Health & Rehabilitation.