



RESPIRATORY CARE

Associate of Applied Science Degree Respiratory Care Program Application for Admission

Completed application packets may be taken to Odessa College, Health Sciences Department. If submission accommodations are needed, email rsptcare@odessa.edu for further instructions (include copies of all required documents).

The program will communicate with applicants via email. Please provide the email you wish to receive communication to: _____

Applicant Information:

PLEASE TYPE

Name (As it appears on Driver's License):

Last Name _____ First Name _____ Middle Name _____

Last 4 of S.S. _____ Date of Birth _____ U.S. Citizen (yes/no) _____

Address: _____
Street City State Zip

Mailing Address *if different from above*: _____

Other Name(s) on Transcript: _____

Phone Number *with Area Code* Home: _____ Work: _____ Cell: _____

Emergency Contact: _____
Name Relationship Phone Number (s) *with Area Code*

Educational Background: High School/GED

Name of School	Location	Dates Attended	Date Conferred

College/University: List most recent first; list ALL attended

Name of School	Location	Dates Attended	Maj. Course of Study	Degree Earned/Date

*Have official transcripts from previous college(s) attendance sent to: Odessa College, Respiratory Care Program, 201 W. University Blvd., Odessa, TX. 79764

List any health-related work experience, beginning with the most recent: _____

Notice:

Completion of the Respiratory Care Program does not guarantee eligibility to become a registered respiratory therapist. Eligibility is determined by the State of Texas Medical Board (TMB). Some events, such as having a felony or misdemeanor conviction, including expunged offenses and deferred adjudication with or without prejudice of guilt, pleading no contest to any crime, having unresolved arrest, having pending criminal charges, having action taken against your health care provider license, having certain mental health disorders or a history of substance abuse **MAY** disqualify a candidate for licensure. The Associate of Applied Science Degree in Respiratory Care Program has selective admission criteria. Not all candidates who apply are accepted. See the Program Fact Sheet, advisory or school catalog for further information on admission criteria.

I certify that all the information I have entered on this application is accurate and complete to the best of my knowledge. I understand that falsification of an application is cause for program rejection or dismissal.

Date: _____ Signature: _____

Odessa College does not discriminate regarding race, color, age, ethnic/national origin, religion/creed, marital status, veteran status, or disability.