

# VERIFICATION OF COMPLETED RESPIRATORY THERAPY APPLICATION REQUIREMENTS

Upon completion of the below criteria, please email this form to [admissions@monroeccc.edu](mailto:admissions@monroeccc.edu) or submit in-person to the Admissions Office located in the Warrick Student Services Building, room S-101. Applications are due by the last Thursday in June. Your file will not be reviewed until this form is submitted.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Student # or Social Security # \_\_\_\_\_ Email \_\_\_\_\_

Completed MCCC application for admission

High school transcript or GED scores and all official college transcripts are on file with the Office of Admissions *prior to the date of this form's submission*.

**You must first meet with an MCCC Counselor in order to have your college transcripts evaluated.**

\*Completion of MATH 105 *or* MATH 151 *or* MATH 154 *or* higher-level math with a "C" or better; or a qualifying score on accepted placement test as determined by the college; or equivalent transferred course, completed within 10 years, or waiver by program director.

Institution: \_\_\_\_\_ Semester/Year Completed: \_\_\_\_\_

\*Completion of Anatomy & Physiology I (BIOL 257), or equivalent MCCC college course if transferred, with a grade of C (2.0) or higher completed within 10 years, or waiver by program director.

Institution: \_\_\_\_\_ Semester/Year Completed: \_\_\_\_\_

*\*Students with above coursework in progress may submit their application and may be offered conditional acceptance into the program based on seat availability. In those instances, put in the current semester and mark "in progress."*

**\*\*NOT REQUIRED TO APPLY (for points only)\*\***

Proof of Certifications/Licensure/Degrees (if applicable – CPR courses do not apply)

Credential/Degree: \_\_\_\_\_

State/Institution: \_\_\_\_\_ Date completed/ Expiration date: \_\_\_\_\_

Recent healthcare work with at least 6 months experience (submit letter from employer showing dates and hours worked).

Completion of first year in a 1+2+1 RT Program. (Will be verified by program director)

Institution: \_\_\_\_\_

RT info session attendance. Date: \_\_\_\_\_ (Will be verified by program director)

Hospital tour attendance. Date: \_\_\_\_\_ (Will be verified by program director)

**I verify the above information is correct and completed.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Completion of this form does not guarantee a seat in the Respiratory Therapy Program.**

-Criteria are subject to change with each catalog year-