



# APPLICATION FOR THE RESPIRATORY THERAPY PROGRAM

FULL NAME (please print):

	First	Middle	Last	(Maiden/Former)
FIRST TIME APPLYING?	YES	NO		

PRESENT ADDRESS:

No.	Street	City, State	Zip
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UA IDNET:

CONTACT PHONE #:

UA E-MAIL ADDRESS:

OTHER E-MAIL ADDRESS:

EMERGENCY CONTACT:

PHONE #:

## COLLEGES ATTENDED

COLLEGE #1:	CREDIT HOURS COMPLETED:	GPA:
COLLEGE #2:	CREDIT HOURS COMPLETED:	GPA:
COLLEGE #3:	CREDIT HOURS COMPLETED:	GPA:

FILL IN THE SEMESTER & GRADE FOR EACH PREREQUISITE (PRE-ADMISSION) COURSE COMPLETED  
(if an equivalent course is used, identify the name, semester completed, and the grade for that course)

Technical Math I and:	Semester (e.g. Fall/2020):	Grade:
Technical Math II:	Semester (e.g. Fall/2020):	Grade:
College Algebra:	Semester (e.g. Fall/2020):	Grade:
Medical Terminology:	Semester (e.g. Fall/2020):	Grade:
Anatomy & Physiology I:	Semester (e.g. Fall/2020):	Grade:
Human Anatomy (Lecture) and:	Semester (e.g. Fall/2020):	Grade:
Human Anatomy (Lab):	Semester (e.g. Fall/2020):	Grade:
Concepts of Respiratory Therapy:	Semester (e.g. Fall/2020):	Grade:
Principles of Microbiology:	Semester (e.g. Fall/2020):	Grade:
Intro to Biochemistry (Lecture) and:	Semester (e.g. Fall/2020):	Grade:
Intro to Biochemistry (Lab):	Semester (e.g. Fall/2020):	Grade:

## PERSONAL BACKGROUND

A record of criminal conviction will not necessarily be a bar to program admission, since the UA will consider factors such as age at time of the offense, how long ago the conviction occurred, the nature and seriousness of the violation, and evidence of rehabilitation in making an admission decision. However, there are certain criminal offenses that by Ohio law are automatic disqualifications for program admission no matter when they occurred.

Have you ever been convicted (plead guilty or no contest or been found guilty) of an offense other than minor traffic violations?

Yes (if yes, please explain on a separate piece of paper)	No
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Are you at this time being charged with an unresolved criminal charge? (are you being charged with a crime that has not yet resulted in a plea of guilty, court trial, deferred adjudication or dropping of the charge?)

Yes (if yes, please explain on a separate piece of paper)                      No

Have you ever had a disabling illness or injury that would possibly prevent you from performing the duties of a Respiratory Therapy Student?

Yes (if yes, please explain on a separate piece of paper)                      No

I understand that if I should be selected for program admission and later investigation reveals that I have made false statements or omitted material facts in this form, that I may be subject to dismissal from the program. I am aware that background checks (FBI/BCI) and drug screening with no violations are required prior to program admission. Any violations or health conditions that exist that may cause me to be a hazard to myself or others in the hospitals may disqualify me for admission or be reason for termination from the program. By electronically signing below I hereby authorize the University of Akron to obtain all pertinent information (e.g. police records, other educational institutions etc.).

Electronic Signature (type in name)

Date

IN ADDITION TO THIS APPLICATION, THE FOLLOWING ITEMS MUST BE ELECTRONICALLY SUBMITTED:

- APPLICATION DEADLINE: NOVEMBER 30<sup>TH</sup>
- Copies of all past & current college transcripts
- Copy of your background check from the Federal Bureau of Investigation (FBI)
- Copy of your background check from the Ohio Bureau of Identification & Investigation (BCI)

Questions about the UA Respiratory Therapy program should be referred to:

Stacia Biddle M.Ed., RRT  
UNIVERSITY OF AKRON  
Allied Health Department  
Polsky Building #265  
Akron, OH 44325  
(330) 972-7906  
[stacia@uakron.edu](mailto:stacia@uakron.edu)