



Community Colleges
of Spokane

Spokane Community College

BACHELOR OF APPLIED SCIENCE RESPIRATORY CARE

ADMISSION TO THE BAS RESPIRATORY CARE PROGRAM OCCURS ONCE ANNUALLY.

**Application deadline is June 20th each year.
Professional coursework begins fall term each year.**

Mail applications to:

Registration Office
Spokane Community College
1810 N Greene Street MS 2151
Spokane, WA 99217-5399

Hand deliver applications to:

Registration Office
Spokane Community College
Building 15

It is the student's responsibility to inform the Respiratory Care Program and SCC registration of any changes in your e-mail, address, or telephone numbers. **SCC will use the most recent e-mail, address, and telephone number on file for all communications.**

Academic advisement, evaluation of transcripts from other accredited institutions and further information may be obtained by contacting SCC Counseling Department:

Bill Rambo: 509-533-7038
Michelle Gendusa: 509-533-8196

Student Name: _____
(Last) (First) (Middle)

SID #: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Day Phone: _____ Eve Phone: _____

Phone (emergency): _____ Relationship/Name: _____

I hereby certify that to my knowledge, my application and all documents submitted are true and complete, and I understand providing false information is considered a violation of the Standards of Conduct for Students including, but not necessarily limited to, WAC 132Q-30-210 and may result in my removal from the program.

Applicant's Signature _____ Date: _____

FOR OFFICE USE ONLY

Cumulative GPA: _____ General Education GPA: _____



GENERAL EDUCATION COURSES APPLICATION CHECKLIST

All supporting application documents must be submitted together with the application form. Incomplete applications will not be accepted.

Your completed application will be reviewed for admission to the BAS Respiratory Care program.

- Completed Bachelor of Applied Science Respiratory Care application form.
 - Completed required general education courses. All general education courses must have an earned GPA of 2.5 or higher.
 - All general education courses listed below may only be repeated one time to earn the minimum grade of 2.5 or C+. A withdrawal (W) counts as an attempt.
 - All math and science credits must have been earned within five years. Courses completed more than five years ago will not be counted as course attempts.
- | | |
|---|--|
| • BIOL&160 General Biology | • CMST&227 Intercultural Communication |
| • BIOL&241 Human Anatomy and Physiology 1 | • ENGL&101 English Composition |
| • BIOL&242 Human Anatomy and Physiology 2 | • ENGL&235 Technical Writing |
| • BIOL&260 Microbiology | • MATH&146 Statistics |
| • CHEM&121 General Chemistry | |

- Copies of unofficial transcripts from all colleges must be attached to this packet. **Official transcripts must be submitted to Spokane Community College’s transcript office prior to the application deadline (June 20th):**

Spokane Community College Transcripts Office
1810 N. Greene St., MS 2151
Spokane, WA 99217

- Completed and signed BAS Respiratory Care Application Checklist (this page).
- Submit the following required documentation:
 - Two professional letters of recommendation
 - If applicable, documentation of volunteer or work experience in healthcare (time sheets, supervisor’s letter, or volunteer verification form)
- **After application submission, an interview will be extended to qualified applicants via the email address on record with registration.**
- **Competitive admissions to the program is determined by general education course GPA, interview responses, and total healthcare work or volunteer hours. It is for this reason that all applicants are encouraged to obtain the highest GPA possible, and exceed the minimum 50 hours of recommended volunteer experience.**
- **Upon acceptance to the program, students will be asked to comply with a background investigation and drug screen.**
- **I have read the above application checklist, and have submitted all of the required documents as listed.**

Applicant’s Signature _____ Date: _____



HEALTHCARE VOLUNTEER EXPERIENCE DOCUMENTATION

TO BE COMPLETED BY APPLICANT

I would like to request your assistance in providing verification of my volunteer experience with your organization. I have applied for acceptance into the Spokane Community College Baccalaureate of Applied Science in Respiratory Care degree program. This form is necessary to complete my application. My signature below authorizes my former or current volunteer organization to provide the information requested below.

Student's name printed: _____ Date: _____

Student's signature: _____ Date: _____

TO BE COMPLETED BY VOLUNTEER SUPERVISOR

Student's name (print): _____

Type of facility: _____

Facility/business name: _____

Address: _____
 Street or PO box City State ZIP Code

Telephone: _____
 ###-###-####

Volunteer position held with your organization: _____

Primary duties or responsibilities: _____

Start and End dates of volunteer experience: _____

Number of hours worked: _____

I certify under penalty of perjury under the laws of the State of Washington that the forgoing is true and accurate:

Supervisor Signature _____ Date: _____