Revised 01/09

Bowling Green Technical College
RESPIRATORY CARE PROGRAM
APPLICATION FOR ADMISSION

In order to be considered in the program selective admission process, please provide the following information and submit prior to March 1.

Bowling Green Technical College
Respiratory Care Program
1845 Loop Drive
Bowling Green, KY 42101

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

Address: _____
(Street) (City) (State) (Zip Code)

Telephone: (_____)_____ E-Mail: _____

High School Attended: _____ if GED: _____
(Name of School & Date of Graduation) (Date Taken)

Have you ever been convicted of or have charges pending against your for a felony or misdemeanor in any state jurisdiction? No _____ Yes _____ (If yes, explain fully.)
_____

_____

Do you understand the nature of the field of Respiratory Care? Yes _____ No _____

Have you ever worked in a healthcare setting? (if yes, how long and where) _____

Have you ever attended BGTC? No _____ Yes _____ (Date last attended _____)

Have you taken the ACT, SAT, or COMPASS (circle)? No _____ Yes _____ (Year: _____,
Location: _____, Scores: _____)

Have you ever attended another college? Yes _____ No _____ If "yes", please answer the following:
Name of the college: _____ from _____ to _____
Do you have a degree?_____ if yes, what type and major? _____

Have you been advised by a Respiratory Care faculty member? _____ **if "NO"**, you will need to make an appointment for advisement by calling 270/901-1080 (8 am to 3 pm M thru F). Bring this application and any transcripts with you to the advisement.

I understand that this application is for consideration into the Respiratory Care Program, and the selective admissions process which takes place each March for the class beginning the following fall semester. I am aware that this is an Associate Degree Program and completion of all general education and technical component courses are required to graduate. I also acknowledge that a minimum grade of "C" in Anatomy & Physiology I and Math 110 or 150 is required to begin the technical component. I also affirm that the information provided by this application is accurate.

_____
(Signature) (Date)