



Department of Respiratory Care & Health Information
College of Health Sciences
3500 John A. Merritt Boulevard – Campus Box 9527
Nashville, Tennessee 37209-1561
(615) 963-7431 Office
(615) 963-7422 Fax

Dear Prospective Student:

We are pleased that you are interested in the Cardio Respiratory Care Sciences Program at Tennessee State University. Respiratory Care is an excellent health profession with a variety of job opportunities.

Enclosed you will find information about the CRCS Bachelor of Science program. Please go to <http://students.tnstate.edu/admissions/apply-admissions> to complete the university application. After acceptance to TSU, you may complete the enclosed program application and send it to the Cardio Respiratory Care Sciences Program, Tennessee State University, Campus Box 9527, Nashville, TN 37209. In addition, please ask two of your faculty members to complete the enclosed recommendation forms and send directly to the CRCS Program address.

Admission is selective and qualified applicants will be contacted for an interview. The deadline is June 30 for the fall semester. Please review the CRCS application checklist for instructions. If you have any questions or concerns, please contact us at (615) 963-7431 or e-mail: chamilt5@tnstate.edu.

Sincerely,

Christine A. Hamilton, DHSc, RRT
Chair, Department of Respiratory Care & Health Information
Program Director, Cardio-Respiratory Care Sciences Program

APPLICATION FOR ADMISSION

CARDIO RESPIRATORY CARE PROGRAM

**Department of Respiratory Care and Health Information
College of Health Sciences
Tennessee State University**

Name _____ **Date** _____

Application for Admission
Cardio Respiratory Care Program
Department of Respiratory Care and Health Information
College of Health Science
Tennessee State University

INSTRUCTIONS: Please submit the following application materials for consideration for admission to the Cardio Respiratory Care Program.

- **Application for admission to the Cardio Respiratory Care Program (application should be received January 1st through June 30th (for the Fall Semester) of the same year.**

NOTE: Admission to Tennessee State University is separate application; this process must be completed before being considered for admission to the Cardio Respiratory Care Program. The Office of Admission and Records will notify you of your acceptance into the University.

- **One official copy of transcripts for all post-secondary education institutions attended.**

NOTE: You will need to request a total of two official copies of your transcripts from each institution attended – one copy must be submitted to the Office of Admissions and one copy must be submitted to the Cardio Respiratory Care Program.

- **Program of Study Form – Fill in Grade, Semester, Year and Institution where course was taken.**
- **Two (2) recommendation forms completed by 2 individuals (non-family members, such as faculty or supervisor) who know the applicant's character and suitability for working in a healthcare profession (forms must be sent directly by evaluator; recommendations sent by the applicant will not be accepted).**
- **A copy of the applicant's ACT or SAT score report.**

Call the Cardio Respiratory Care Department at 615-963-7431 for more information about the program, or go to www.tnstate.edu/cardio. You may contact the following departments for specific information regarding:

TSU Admission	Office of Admissions	615-963-5101
Scholarships, Grants, & Loans	Office of Financial Aid	615-963-5701

APPLICATION FOR ADMISSION

Submit this page and the following page to the Cardio Respiratory Care Program Office at:

CARDIO RESPIRATORY CARE PROGRAM
COLLEGE OF HEALTH SCIENCES
TENNESSEE STATE UNIVERSITY
 3500 John Merritt Blvd., PO Box 9527, Nashville, TN 37209
 Telephone: 615-963-7431 Fax: 615-963-7422

NAME: _____
 (Last) (First) (MI) (Maiden Name)

GENDER: Male Female Currently enrolled at TSU? Yes No T# _____

PERMANENT ADDRESS	LOCAL ADDRESS (if different from permanent address)
EMAIL	
TELEPHONE #	

EMERGENCY CONTACT NAME & PHONE# _____

LIST HIGH SCHOOL, COLLEGES, AND UNIVERSITIES ATTENDED:

NAME	ADDRESS	YEAR GRADUATED

RESPIRATORY THERAPY OR OTHER HEALTH CARE EXPERIENCE(S):

NAME AND LOCATION	DATE(S) EMPLOYED

RESPIRATORY CARE LICENSE AND /OR CREDENTIALS HELD:

NAME OF ORGANIZATION	CREDENTIAL EARNED	YEAR EARNED

Write an autobiographical sketch and include a discussion of your interests; relate what led you to choose a career in Respiratory Therapy; and state your future intentions once you have completed the program. Please type your response and attach to application.

APPLICANT'S SIGNATURE

DATE

For Office Use Only:

Approved by:	Reason:
Rejected by:	Date of Decision:

College of Health Sciences
Tennessee State University
Respiratory Care & Health Information
Program of Study - Degree Requirements

Student: _____	SSN: <u>on file</u>	DOB: <u>on file</u>
Local address: _____	Student ID #: _____	Race: _____
Permanent address: _____	Local Telephone Number: _____	Sex: _____
Year Entered TSU: _____	Perm. Telephone Number: _____	E-mail Address: _____
Semester/Year Entered CRCS Department: _____	Entering GPA: _____	Degree Sought: <u>B.S.</u>
Transfer Credits from University: _____	ACT/SAT: _____	
(1) _____	(2) _____	
(3) _____	(4) _____	

General Education Requirements					
	Cr. Hr.	Grade	Sem	Year	Instit
ORIENTATION (1 Hour)					
UNIV 1000	>60 crhr	1.0			
ENGLISH COMPOSITION (6 Hours)					
ENG 1010	3.0				
ENG 1020	3.0				
ENGLISH LITERATURE (3 Hours)					
ENG 2110-2220	3.0				
HUMANITIES (6 Hours)					
PHIL 1030	3.0				
RELS 2010	3.0				
ART 1010	3.0				
MUSIC 1010	3.0				
THTR 1020	3.0				
COMMUNICATION (3 Hours)					
COMM 2200	3.0				
MATHEMATICS (3 Hours)					
MATH 1110	3.0				
NATURAL SCIENCES (8 Hours)					
BIOL 2210/2211	4.0				
BIOL 2220/2221	4.0				
History (6 Hours)					
HIST 2010	3.0				
HIST 2020	3.0				
SOCIAL/BEHAVIORAL SCIENCES (6 Hours)					
SOCI 2010	3.0				
PSYC 2010	3.0				

Departmental Requirements					
	Cr. Hr.	Grade	Sem	Year	Instit
SCIENCES (8 Hours)					
BIOL 2400/2401	4.0				
CHEM 1110/1111	4.0				
Fall 1					
CRCS 1000	2.0				
CRCS 2014	2.0				
CRCS 2030	3.0				
CRCS 2031	1.0				
CRCS 2110	3.0				
CRCS 3010	3.0				
CRCS 3011	1.0				
Spring 1					
CRCS 2044	4.0				
CRCS 2120	3.0				
CRCS 2320	3.0				
CRCS 3015	3.0				
CRCS 3151	1.0				
CRCS 3020	3.0				
CRCS 3021	1.0				
Summer 1					
CRCS 3040	3.0				
CRCS 3050	2.0				
CRCS 3016	2.0				
CRCS 3161	1.0				
Fall 2					
CRCS 3110	2.0				
CRCS 3120	1.0				
CRCS 3024	4.0				
CRCS 3030	3.0				
CRCS 4264	3.0				
CRCS 4320	3.0				
Spring 2					
CRCS 3224	4.0				
CRCS 4224	3.0				
CRCS 4410	3.0				
CRCS 4500	3.0				

Cardio Respiratory Care Program
 Department of Respiratory Care & Health Information
 College of Health Sciences - Tennessee State University
 3500 John A. Merritt Blvd
 Nashville, TN 37209

FACULTY EVALUATION OF STUDENT

This form should be returned directly to the Cardio Respiratory Care Program by mail, email or fax by the faculty member, not by the student.

Return by mail: Committee on Admission Fax: 615-963-7422
 Cardio Respiratory Care Email: chamilt5@tnstate.edu
 Tennessee State University
 3500 John Merritt Blvd., Campus Box 9527
 Nashville, Tennessee 37209

This is a request for your confidential appraisal of _____
(Student: print your name here)

an applicant to the Cardio Respiratory Care Program at Tennessee State University. Your statements will be helpful in our evaluation of the applicant.

Applicant's class standing: top third middle third bottom third NA

In what capacity have you been associated with the applicant?

Classroom Instructor Laboratory Instructor Other

Please specify course(s) _____

Academic Advisor

Work Supervisor

Other (please specify) _____

How well do you know the applicant? Very well Fairly well Slightly

Please circle the number indicating to what degree the applicant possesses each of the characteristics and abilities listed.

OVERALL ACADEMIC STRENGTH	1 Poor	2	3 Average	4	5 Superior	0 Unknown
COMPREHENSION	1 Poor	2	3 Average	4	5 Superior	0 Unknown
RETENTION	1 Poor	2	3 Average	4	5 Superior	0 Unknown
APPLIES KNOWLEDGE	1 Poor	2	3 Average	4	5 Superior	0 Unknown

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FACULTY EVALUATION OF STUDENT **Continued**

UNDERSTANDS ABSTRACT IDEAS	1	2	3	4	5	0
	Poor		Average		Superior	Unknown
COMMUNICATION SKILLS	1	2	3	4	5	0
	Poor		Average		Superior	Unknown
RESOURCEFULNESS	1	2	3	4	5	0
	Poor		Average		Superior	Unknown
INTERPERSONAL SKILLS	1	2	3	4	5	0
	Poor		Average		Superior	Unknown
REACTS CONSTRUCTIVELY TO CRITICISM	1	2	3	4	5	0
	Poor		Average		Superior	Unknown
JUDGMENT	1	2	3	4	5	0
	Poor		Average		Superior	Unknown
SELF-CONFIDENCE	1	2	3	4	5	0
	Poor		Average		Superior	Unknown
MATURITY	1	2	3	4	5	0
	Poor		Average		Superior	Unknown
RELIABILITY & HONESTY	1	2	3	4	5	0
	Poor		Average		Superior	Unknown
PERSEVERANCE	1	2	3	4	5	0
	Poor		Average		Superior	Unknown
EMOTIONAL STABILITY	1	2	3	4	5	0
	Poor		Average		Superior	Unknown

What is your attitude toward having this applicant in a position of responsibility?
 Strongly Recommended Recommended Not recommended

Your additional observations are welcome on a separate letter. We especially appreciate comments regarding the applicant's ability and motivation for the study of respiratory therapy, including decision-making and caring for patients.

Signature and Title Date