



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 Bachelor of Science with a major in Cardiorespiratory Care Science Degree Program at Tennessee State University. Respiratory Care is an excellent, much needed healthcare profession with a variety of job opportunities.

If you are not currently a student at TSU, please complete the university application at <http://students.tnstate.edu/admissions/apply-admissions>. After acceptance to TSU, you may complete the enclosed CRCS Program application and send it to the Cardiorespiratory Care Science Program, Tennessee State University, Campus Box 9527, Nashville, TN 37209 (or scan and email it to chamilt5@tnstate.edu) In addition, please ask two of your faculty members to complete the enclosed recommendation forms and send the form directly to the CRCS Program address. The faculty member may include a letter of recommendation with the form.

The Cardiorespiratory Care program is fully accredited by the Commission on Accreditation for Respiratory Care (CoARC). Successful graduates of the program receive a B.S. degree with a major in Cardiorespiratory Care Science and are eligible to take the Registered Respiratory Therapist (RRT) credentialing examinations from the National Board for Respiratory Care.

Admission is selective and qualified applicants will be contacted for an interview. The deadline is June 30 for selection 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, Cardiorespiratory Care Science Program

APPLICATION FOR ADMISSION

CARDIORESPIRATORY CARE SCIENCE PROGRAM

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

Application for Admission

B. S. with a major in Cardiorespiratory Care Science 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 Cardiorespiratory Care Science Program.

- **Application for admission to the major courses (junior year) of the Cardiorespiratory Care Science (CRCS) Program should be received by the CRCS Office from January 1st through June 30th (for the Fall Semester) of the same year.**

NOTE: Admission to Tennessee State University is a separate application; this process must be completed before being considered for admission to the Cardiorespiratory Care Science 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/Records when you apply to the university and one copy must be submitted to the Cardiorespiratory Sciences Care Program.

- **Two (2) recommendation forms are 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 to the CRCS Office; recommendations sent by the applicant will not be accepted).**

For more information about the CRCS Program, call the Cardiorespiratory Care Program Office at 615-963-7431 or go to www.tnstate.edu/cardio. You may contact the following departments for specific information regarding:

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

Provide an autobiographical sketch and include a discussion of your interests; relate what led you to choose a career as a Respiratory Care Practitioner; 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:

Cardio Respiratory Care Sciences 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

I waive my right to see this recommendation. ☐ Yes ☐ No _____
(Student Signature)

This is a request for your confidential appraisal of _____,
(Student: print your name here)
an applicant to the Cardio Respiratory Care Sciences Program at Tennessee State University.
Your statements will be helpful in our evaluation of the applicant.

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
GOOD ATTENDANCE	1 Poor	2	3 Average	4	5 Superior	0 Unknown
COMMUNICATIONS SKILLS	1 Poor	2	3 Average	4	5 Superior	0 Unknown
SELF-ESTEEM	1 Poor	2	3 Average	4	5 Superior	0 Unknown

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FACULTY EVALUATION OF STUDENT				Continued		
RELIABILITY & HONESTY	1 Poor	2	3 Average	4	5 Superior	0 Unknown
PERSEVERANCE	1 Poor	2	3 Average	4	5 Superior	0 Unknown
EMOTIONAL INTELLIGENCE	1 Poor	2	3 Average	4	5 Superior	0 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