



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 Tennessee State University's Bachelor of Science in Cardiorespiratory Care Sciences program. Respiratory Care is an outstanding, in-demand healthcare career that provides several employment prospects.

If you are not currently a student at TSU, please complete the university application at <https://www.tnstate.edu/admissions/apply1.aspx>. After acceptance to TSU, you may complete the enclosed CRCS Program application and send it to the Cardio-Respiratory Care Sciences Program, Tennessee State University, Campus Box 9527, Nashville, TN, 37209 (or scan and email it to crc@tnstate.edu). In addition, please ask two of your faculty members (preferably current or previous professors) 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 Cardio-Respiratory 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 Sciences and are eligible to take the Registered Respiratory Therapist (RRT) credentialing examinations from the National Board of Respiratory Care.

Admission is competitive, and only those who qualify will be approached for an interview. The deadline for selection for the fall semester is June 5, 2023. Please review the CRCS application for instructions. If you have any questions or concerns, please contact us at (615) 963-1240 or email: crc@tnstate.edu.

Sincerely,

Brenda K. Batts, MPH, RRT, NPS, RRT
Assistant Professor and Interim Program Director of Cardiorespiratory Care Sciences

APPLICATION FOR ADMISSION

CARDIO RESPIRATORY CARE SCIENCES PROGRAM

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

Application for Admission
Cardio Respiratory Care Sciences 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 Sciences Program.

- **Application for admission to the Cardio Respiratory Care Sciences 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 Sciences 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 and one copy must be submitted to the Cardio Respiratory Sciences Care Program.

- **Program of Study Form – Fill in Grade, Semester, Year and Institution where course was taken.**
- **Two (2) recommendation from 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).**

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 Admissions	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 Sciences Program Office at:

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

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

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

LOCAL 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 and Attach a Personal Essay

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 Program
 Department of Respiratory Care & Health Information
 College of Health Sciences - Tennessee State University
 3500 John A. Merritt Blvd. Campus Box 9527
 Nashville, TN 37209

FACULTY EVALUATION OF STUDENT

Continued

SELF-ESTEEM	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 INTELLIGENCE	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