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 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 Science 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 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: crc@tnstate.edu.

Sincerely,

Christine A. Hamilton, DHSc, RRT
Chair, Department of Respiratory Care & Health Information
Program Director, Cardiorespiratory Care Science Program
APPLICATION FOR ADMISSION

CARDIO RESPIRATORY CARE SCIENCES
PROGRAM

Department of Respiratory Care and Health Information
College of Health Sciences
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 form each institution attended – on 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:

<table>
<thead>
<tr>
<th>NAME</th>
<th>ADDRESS</th>
<th>YEAR GRADUATED</th>
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RESPIRATORY THERAPY OR OTHER HEALTH CARE EXPERIENCE(S):

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<tr>
<th>NAME AND LOCATION</th>
<th>DATE(S) EMPLOYED</th>
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</table>
RESPIRATORY CARE LICENSE AND /OR CREDENTIALS HELD:

<table>
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<tr>
<th>NAME OF ORGANIZATION</th>
<th>CREDENTIAL EARNED</th>
<th>YEAR EARNED</th>
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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:

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<tr>
<th>Approved by:</th>
<th>Reason:</th>
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<th>Rejected by:</th>
<th>Date of Decision:</th>
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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
Cardio Respiratory Care
Tennessee State University
3500 John Merritt Blvd., Campus Box 9527
Nashville, Tennessee 37209

Email: crc@tnstate.edu

STUDENT CONFIRMATION (Section completed by Applicant)
I waive my right to see this recommendation. □ Yes □ No ___________________________
(Student Signature)

This is a request for your confidential appraisal of ____________________________, an applicant to the Cardio Respiratory Care Sciences Program at Tennessee State University.
Your statements will be helpful in our evaluation of the applicant.

FACULTY EVALUATION (Section completed by Faculty Evaluator)

In what capacity have you been associated with the applicant?

☐ Classroom Instructor  ☐ Laboratory Instructor  ☐ Other
☐ 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 2 3 4 5 0
Poor Average Superior Unknown

GOOD ATTENDANCE

1 2 3 4 5 0
Poor Average Superior Unknown

COMMUNICATIONS SKILLS

1 2 3 4 5 0
Poor Average Superior Unknown
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<tr>
<th>FACULTY EVALUATION OF STUDENT</th>
<th>Continued</th>
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</thead>
<tbody>
<tr>
<td><strong>SELF-ESTEEM</strong></td>
<td>1 Poor</td>
</tr>
<tr>
<td><strong>RELIABILITY &amp; HONESTY</strong></td>
<td>1 Poor</td>
</tr>
<tr>
<td><strong>PERSEVERANCE</strong></td>
<td>1 Poor</td>
</tr>
<tr>
<td><strong>EMOTIONAL INTELLIGENCE</strong></td>
<td>1 Poor</td>
</tr>
</tbody>
</table>

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