

### 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

### 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 <a href="https://www.tnstate.edu/admissions/apply1.aspx">https://www.tnstate.edu/admissions/apply1.aspx</a>. 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 <a href="mailto:crc@tnstate.edu">crc@tnstate.edu</a>) 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 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 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: <a href="mailto:crc@tnstate.edu">crc@tnstate.edu</a>.

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

### **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 1<sup>st</sup> through June 30<sup>th</sup> (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)		(Maide	en Name)	
GENDER:	Male 🗆	Female 🗆	Currently e	nrolled at TSU?	Yes □ No □	T#			
LOCAL ADDF	RESS								
EMAIL									
TELEPHONE	#								
EMERGENCY CONTACT NAME & PHONE#  LIST HIGH SCHOOL, COLLEGES, AND UNIVERSITIES ATTENDED:									
NAME				ADDRESS				YEAR GRAD	UATED
RESPIRATORY THERAPY OR OTHER HEALTH CARE EXPERIENCE(S):									
NAME AND	LOCATION	N				DATE(S	) EMPLO	YED	

RESPIRATORY CARE LICENSE AND /OR CRED	ENTIALS HELD:
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Rejected by:

NAME OF ORGANIZATION	CREDENTIAL EARNED	YEAR EARNED
Write and Attach a Perso	onal Essay	
	•	
Provide an autobiographical sketch and include	le a discussion of your interes	ts; relate what led you to
choose a career as a Respiratory Care Practition	oner; and state your future int	tentions once you have
completed the program. Please type your res	sponse and attach to applicat	<u>ion</u> .
ADDUCANT/C CICALATUDE		
APPLICANT'S SIGNATURE	DA	ATE.
For Office Use Only:		
Approved by:	Reason:	

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

	returned directly to the mber, <b>not by the stud</b> Committee on Ad Cardio Respirator Tennessee State U 3500 John Merritt B Nashville, Tennesse	lent. mission y Care Jniversity lvd., Campus	Ema	ail: crc@			nail or
STUDENT CONFI	RMATION (Section	completed	by Appl	icant)			
I waive my right to	see this recommenda	ntion.   Yes	□ No _				
				(Studen	t Signa	ture)	
an applicant to the Ca	your confidential appr ardio Respiratory Card be helpful in our eval	e Sciences Pr	ogram at				,
FACULTY EVAL	UATION (Section co	mpleted by	Faculty	Evaluato	r)		
In what capacity have	e you been associated	with the app	licant?				
	Classroom Instructor Please specify cours Academic Advisor Vork Supervisor Other (please specify)		•		□ Oth	er	
How well do you kno	w the applicant?	□ Very we	11 □ Fa	irly well	□ Slig	htly	
Please circle the number characteristics and ab	<u> </u>	degree the ap	plicant p	ossesses e	each of	the	
OVERALL ACADE	MIC STRENGTH	1 Poor		3 Average	4		0 Unknown
GOOD ATTENDAN	CE	1 Poor	2	3 Average	4	5 Superior	0 Unknown
COMMUNICATION	IS SKILLS	1 Poor	2	3 Average	4	5 Superior	0 Unknown

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FACULTY EVALUATIO	FACULTY EVALUATION OF STUDE			tinue	d	
SELF-ESTEEM	1	2	3	4	5	0
SEEL ESTEEM	Poor	2	Average	•	•	Unknown
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 app	-	sition o	-	-		
☐ Strongly Recommended ☐ Recommended			□ Not	recom	mended	
Your additional observations are welcome of comments regarding the applicant's ability as including decision-making and caring for pa	nd motivation				•	erapy,
Signature and Title			Date			