



WALLACE STATE HANCEVILLE

Respiratory Therapist Application 2012

Program Application Checklist

Applications received after June 1st will be considered on a space available basis

Prior to APPLICATION to the program, the following must be completed:

Submit to the Admissions Office

- WSCC application or re-entry form
- Official transcripts from all colleges previously attended
- Proof of high school graduation (transcripts) or GED certificate
- Documentation of completion of required general education courses: **BIO 201, ENG 101 & MTH 100**
- Appropriate ACT Test Score
- Any other documents required by Admissions

Submit a complete program application to the RPT Program Director

- RPT program application
- Attach documented **ACT score of 18 or higher**
- Attach ALL Unofficial transcripts from all colleges previously attended

Upon acceptance all health science division students are required to have drug screenings and background check. Drug Policy and Background Check Policy are available for viewing online at <http://www.wallacestate.edu/programs/health.html>

NOTE: It is the responsibility of each applicant to ensure that the application is complete and that all information is on file in admissions prior to application deadline.

You will be **notified by mail** if you are accepted into the program. As no information regarding individual admission status will be given via telephone, please do not call the Admissions or RPT departments to obtain your status. Letters will also be sent to individuals who are not accepted into the program.

DO NOT CALL to VERIFY the receipt of your application. If you want to verify that we received your application you may send it via "Certified Mail."



Respiratory Therapy Application - 2012

Applications will be accepted until June 1st

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ALL UNOFFICIAL COLLEGE TRANSCRIPTS MUST BE ATTACHED TO APPLICATION

Prior to APPLICATION to the program, the following must be complete:

- Yes No _____ Official ACT test score submitted to Admissions (minimum composite score of 18 for Respiratory Therapy Program consideration)
 Yes No _____ (Your Initials) Reviewed WSCC Health Division Background Policy (<http://www.wallacestate.edu/programs/health.html>)
 Yes No _____ (Your Initials) Reviewed WSCC Health Division Drug Screening Policy (<http://www.wallacestate.edu/programs/health.html>)

Date of Application _____ Plan to Enter Program Fall Semester (Year) _____
 WSCC Student No. _____ Social Security No. _____
 Full Name _____
 Last Name _____ First Name _____ Middle Initial _____ Maiden _____
 Mailing Address _____
 City _____ State _____ Zip _____
 Home Phone _____ Emergency Contact _____
 Cell Phone _____ Relationship _____
 Work Phone _____ Emergency Contact Phone _____
 WSCC Email Preferred _____
 Personal Email Preferred _____

Previous Education (Attach UNOFFICIAL Transcript for each College) – List additional colleges on separate sheet and attach

Transcript Attached	College Name	City/State	Diploma or Degree	Date
<input type="checkbox"/>	_____	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____	_____

If you are applying to other allied health or nursing programs, please list in order of preference for admission:

1. _____ 2. _____ 3. _____

Have you completed a 2 year allied health patient care related program? Yes No Which field: _____

STUDENTS PLEASE COMPLETE THE BELOW INFORMATION:

Insert Grade	Class	Credit Hours	Official Use	Comments:
REQUIRED PREREQUISITE COURSES				
	ENG 101 English Composition I	3		
	MTH 100 Intermediate College Algebra	3		
	BIO 201 Human Anatomy & Physiology I	4		
General Required Courses				
	ORI 101 Orientation to College	1		
	ENG 102 English Composition II	3		
	BIO 202 Human Anatomy & Physiology II	4		
	HUM Humanities/Fine Arts Elective	3		
	PSY 200 General Psychology	3		
	ACT Test Score (Minimum Composite Score of 18)			
ATTACH to this application:				
All UNOFFICIAL College Transcripts attached to Application: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Documented ACT test score (minimum composite 18)				

Student Signature _____

Date _____

Mail completed application to:
 Respiratory Therapy Program
 Attn: Dr. Paul Taylor (#95)
 Wallace State Community College
 P. O. Box 2000, Hanceville, AL 35077-2000

For official use only:
 Date Application Received _____
 Application Reviewer's Initials: _____

Application Complete: Yes No
 Additional documentation required: _____



WALLACE STATE HANCEVILLE

2012 Respiratory Therapist Ranking Form

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Print Name: _____ Total Score: _____

Overall GPA: ____ (minimum 2.00 Cumulative GPA) (For Official Use) Rank# _____

If you have attended other colleges and/or universities ask admissions to calculate your overall cumulative GPA.

Prerequisite Grade Total: (A=20, B=15, C=10) If a challenge exam or CLEP test was taken in lieu of a course the applicant will be awarded the points for a letter grade of "B".

English Course	ENG 101	_____Letter Grade	___ Point Value
Math Course	MTH 100	_____Letter Grade	___ Point Value
Science Course	BIO 201	_____Letter Grade	___ Point Value

Total Point Value from Prerequisite Grades: _____
(60 points possible)

Minimum Composite score of "18" is required for program consideration.

ACT Score: Composite Score = ____ Total Points from ACT: _____
(36 points possible)

TOTAL SCORE
(Total Points from Prerequisite Grades + ACT Score): _____
(96 points possible)

Your Total Score will be used for ranking. *The applicants with the highest ranking score will be accepted.*

Make a copy for your records.