



Respiratory Therapy Program  
Application Fall 2019

**PLEASE PRINT CLEARLY**

1. Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_ Maiden \_\_\_\_\_  
Other Names \_\_\_\_\_  
Andrew College Student ID # \_\_\_\_\_  
Email Address \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phones (Cell) \_\_\_\_\_ (Home) \_\_\_\_\_ (Work) \_\_\_\_\_
  
2. Have you ever been admitted to (yes\_\_\_\_ no\_\_\_\_) or attended a respiratory therapy program? (yes\_\_\_\_ no\_\_\_\_)  
If yes, why did you leave or not attend that program? \_\_\_\_\_
  
3. Have you completed any other health care education programs? (yes \_\_\_\_ no\_\_\_\_)  
If yes, please list the type and location of the program. \_\_\_\_\_  
Do you hold any professional licenses? (yes\_\_\_\_ no\_\_\_\_)  
If yes, please list the name of the licensed profession, license number, and state of licensure.  
\_\_\_\_\_  
\_\_\_\_\_  
Have any of your professional licenses been revoked, suspended, or limited in any way? (yes\_\_\_\_ no\_\_\_\_)  
If yes, please explain.  
\_\_\_\_\_  
\_\_\_\_\_
  
4. Why did you choose Andrew College?  
\_\_\_\_\_  
\_\_\_\_\_
  
5. Why did you choose Respiratory Therapy? Please respond in the form of an essay (no more than 1 page) and attach it to your application.
  
6. Please attach 2 letters of reference from teachers, employers, etc. who can attest to your intellectual capacity, skill level, and/or work ethic.
  
7. Please include unofficial transcripts to ALL previously attended colleges.
  
8. Please include immunization history (G.R.I.T.S. form).



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**Certification of Medical Examination Form**

**To be completed by student:**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Personal Physician: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**To be completed by a Physician/PA/NP:**

This is to certify that I have examined \_\_\_\_\_ and find him/her to be of general good health.

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Date of Examination

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Signature of Physician/PA/NP

This is to certify that I have examined \_\_\_\_\_ and find him/her to be of general good health except for the following conditions:

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Date of Examination

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Signature of Physician/PA/NP



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Your application will not be considered until all documents have been received. Admission to the Respiratory Therapy program is competitive and based on the size of the class, therefore admission is not guaranteed to all who have a completed application.

**Important Notice:** The Respiratory Therapy Program requires criminal background checks and drug screens upon acceptance and throughout the respiratory therapy program as required by clinical agencies. A student who is denied access to a clinical agency will be dismissed from the program due to the inability to complete the program requirements. Andrew College Respiratory Therapy will NOT seek additional areas for clinical placement.

I certify that the information I have submitted is true

Signature \_\_\_\_\_ Date \_\_\_\_\_

Submit your completed application and additional documents to:

Andrew College  
Respiratory Therapy Program  
501 College Street  
Cuthbert, GA 39840

Should you have any questions or concerns while completing this application, please contact:

Katie Brown, RRT, M.Ed., Respiratory Therapy Program Director  
[kathrynbrown@andrewcollege.edu](mailto:kathrynbrown@andrewcollege.edu)  
(229)732-5977



## Respiratory Therapy Program Application Fall 2019

Dear Respiratory Therapy Program Applicant:

Thank you for your interest in the Andrew College Respiratory Therapy Program. We look forward to receiving all of your application materials. Please be aware that admission to the program is competitive and class size is limited. All things being equal, completed applications will be considered on the basis of the date they were received. Acceptance into the program is not guaranteed. Qualified students may apply to the program in subsequent years if they are not admitted initially.

Further information about admission to the program and other general program information may be found on the Andrew College website at: [www.andrewcollege.edu](http://www.andrewcollege.edu) or you may contact the Andrew College Respiratory Therapy Program Director, Katie Brown, at: (229) 732-5977 or via email at: [kathrynbrown@andrewcollege.edu](mailto:kathrynbrown@andrewcollege.edu).

Respiratory Therapy Admissions Checklist:

- Applied and accepted to Andrew College (date received :\_\_\_\_\_)
- Completed separate application to the Respiratory Therapy Program (date received :\_\_\_\_\_)
- Submitted essay of 1 page (date received :\_\_\_\_\_)
- Two letters of reference submitted (date received :\_\_\_\_\_)
- Submitted information on all other professional licenses, if applicable (date received :\_\_\_\_\_)
- Submitted unofficial transcripts of all colleges attended, if applicable (date received :\_\_\_\_\_)
- Submitted certification of health examination form (date received :\_\_\_\_\_)
- Submitted immunization form (date received :\_\_\_\_\_)

The Associate Degree of Respiratory Therapy Program is approved by:

Southern Association of Colleges and Schools  
1866 Southern Lane  
Decatur, GA 30033  
Telephone: (404)679-4500  
Website: [www.sacs.org](http://www.sacs.org)

Andrew College is currently in the process of seeking CoARC accreditation for a respiratory care program. However, Andrew College can provide no assurance that accreditation will be granted by the CoARC.

CoARC  
1248 Harwood Road  
Bedford, TX 76021-4244  
TELEPHONE: 817-283-2835  
Website: [www.coarc.com](http://www.coarc.com)



## Respiratory Therapy Program Application Fall 2019

### **Admissions Requirements Specific to the Respiratory Therapy Program:**

1. Admission to Andrew College
2. Completed application to the Respiratory Therapy Program submitted by the application deadline (July 1) including supplemental documents and unofficial transcripts
3. Completed all Learning Support requirements
4. GPA of 2.5 or above from HS and/or on all college work

Science courses taken more than five years prior to enrollment in the program will be evaluated by the Respiratory Therapy Program Director and may need to be **repeated**.

### **Additional Requirements Once Accepted to the Respiratory Therapy Program:**

1. Annual PPD
2. Annual Flu Shot
3. Criminal Background Check (through PreCheck)
4. Drug Screen (through PreCheck)
5. Liability Insurance (group rate through Andrew College Allied Health)
6. It is strongly recommended that all students have health insurance. The student is responsible for all health related costs that may incur while in class or clinic.
7. Basic Life Support for Healthcare Providers certification through American Heart Association
8. Student must have transportation to and from assigned clinical sites and must be able to attend all clinical sites as assigned.

### **Other Important Information:**

- Our clinical partners have the right to deny placement to any student. Students denied clinical placement for any reason will not be able to complete the program requirements; therefore, they will be withdrawn from the program. Andrew College Respiratory Therapy Program will not seek additional areas for clinical placement should a student be denied placement.
- Students with criminal findings on the background check and/or a positive drug screen who are denied clinical placement will not be able to complete the program; therefore, they will be withdrawn from the program.
- Clinical sites include (but not limited to): Southwest GA Regional Medical Center, Hospital Authority of Miller County, Southeast AL Medical Center, Medical Center of Barbour, Phoebe Putney Health System, and Lillian Carter Health & Rehabilitation.