

Sullivan County Community College  
Respiratory Care Program  
112 College Road, Loch Sheldrake, New York 12759  
845-434-5750 ext.4276 ~ ~ www.sunysullivan.edu

**Application for Admissions: to the Respiratory Care Program**

NOTE: Students must first apply and be accepted to SUNY Sullivan. Review the prerequisite requirements for this program.

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Name: \_\_\_\_\_ SCCC ID# : \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
e-mail: \_\_\_\_\_ Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

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High School Attended: \_\_\_\_\_ Year Graduated: \_\_\_\_\_  
Current SCCC Major: \_\_\_\_\_ Total SCCC Credits: \_\_\_\_\_ Current SCCC GPA: \_\_\_\_\_

<u>Other College(s) Attended</u>	<u>Total Credits</u>	<u>GPA</u>	<u>Degrees</u>
_____	_____	_____	_____
_____	_____	_____	_____

(Submit copies of Unofficial Transcripts of ALL course work along with this application)

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**PROGRAM PREREQUISITE FOR ADMISSION** (Reference the Respiratory Admissions Matrix)

<u>Subject</u>	<u>Requirement</u>	<u>Course #</u>	<u>Grade</u>	<u>Date</u>	<u>Institution</u>
Biology	Principals of Biology	_____	_____	_____	_____
Chemistry	Chemistry for Health Science	_____	_____	_____	_____
Math	Intermediate Algebra	_____	_____	_____	_____

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Current Medical Employment ? \_\_\_\_ Yes \_\_\_\_ No Previous Medical Experience? \_\_\_\_ Yes \_\_\_\_ No

If Yes: Employer: \_\_\_\_\_ Dates Employed: \_\_\_\_\_ Position: \_\_\_\_\_

Describe Experience : \_\_\_\_\_

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I hereby certify that the information furnished is accurate and complete. Providing false information or omission of data may result in cancellation or delay of application.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

- Submit Respiratory Program application by **June 1<sup>st</sup>** for initial selection to be considered for the Program.
  - Fill out this form: PRINT clearly in pen or key in the information and then print the form.
  - Complete the **Intermediate Algebra**, **Chemistry for Health Science**, and **Principles of Biology** prerequisites, which are required and must be completed prior to acceptance into the Respiratory Program. These courses must have a grade of 'C' or better.
- Students accepted into the Respiratory Care program will need to:
  - Submit to and pass a drug screen test and background check.
  - Submit documentation of required immunization and vaccinations.
  - Prior to clinical rotations, will need to have medical insurance and malpractice insurance

**Candidates Statement**

In the space below, enter a typewritten essay (maximum length, 1 page) on why you wish to enter the field of Respiratory Care.

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