

you.

NATIONAL PARK COLLEGE

RESPIRATORY THERAPY PROGRAM APPLICATION FORM

Applications are accepted from January 2nd - July 15th

Date:	NPC ID:					
Print Full Legal Name: Last Name		First Name	Middle Name			
Preferred Name (if different from legal r						
Personal Email:	NP	C Email:				
Cell Phone:	Wo	rk Phone:				
Mailing Address: Number & St	reet	City	State	Zip Coo	de	
Social Security Number:	Do yo	ou have a valid U.S. Social S	Security number?	Yes	No	
I understand a valid Social Security	number is required to ap	ply for a RT licensure in Ark	ansas: Yes	No		
Are you a U.S. Citizen? Yes	s No	Do you speak En	glish in your home?	Yes	No	
High School:						
Sc	hool Name	City		State		
Date of High School Graduation: M	onth: Year: _	G.E.D Cer	rtification: Yes	No		
List information concerning college	, university, or other schoo	ols attended:				
Name of Institution	City & State	Dates (From - To)	n - To) Degree Received			
Are all of your transcripts on file?	Yes No					
Have you enrolled in a respiratory t	herapy program previous	ly? Yes No				
If Yes, date and institution: —						
Have you previously applied to this	respiratory therapy progr	am? Yes No	Date:			
List Work Experience:						
Employer	Location	Dates (From - To)	Description	n of Work		
How did you hear about this progra	m?					
Are you applying to more than one	health science/ nursing p	rogram? Yes No	If yes, how many?			
(Ex: if you are applying to the NPC status. It serves to provide information	RT and another NPC pro	gram, count this as 2)This in	formation does not influ	uence your a	dmissior	

BECAUSE A PERSON CAN FIND IT DIFFICULT, IF NOT IMPOSSIBLE, TO OBTAIN A LICENSE TO PRACTICE AS A RESPIRATORY THERAPIST UNDER CERTAIN CONDITIONS, PLEASE ANSWER THE FOLLOWING QUESTIONS:

- 1. Have you ever been convicted of a felony or a misdemeanor? Yes No
- 2. Do you have a felony charge pending? Yes No

If yes on either of the previous questions, submit an explanation of the felony and/ or misdemeanor, including dates and specific details. Place it in a sealed envelope addressed to the Dean of Nursing and Health Sciences and attach it to this application.

ON A SEPARATE SHEET OF PAPER PLEASE ANSWER THE FOLLOWING QUESTIONS:

- 1. Give your reasons for choosing respiratory therapy as a career.
- 2. The respiratory therapy program is very time intensive. What have you done to prepare to meet this schedule?

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY: 8:00 a.m. - 4:00 p.m.

Name:			Telephone Number: —	
Address: —	Number & Street	City	State	Zip Code

IMPORTANT INFORMATION:

National Park College provides academic accommodations as mandated by ADA and 504. Please contact NPC's Compliance officer at 501-760-6388 for reasonable accommodations under the American's with Disabilities Act (ADA) and for disability assistance information.

Falsifying any records pertinent to this application can lead to ineligibility or immediate dismissal from the Respiratory Therapy Program. I understand that falsifying my application is dishonest and demonstrates a lack of integrity which could compromise my acceptance and/or licensure. (PLEASE INITIAL)

I understand that the health care industry requires drug testing upon employment and random testing throughout employment. Also, I understand that the Substance Abuse Policy at NPC Respiratory Therapy Program may require drug testing during my enrollment for the following reasons: 1) Scheduled testing at unannounced designated times throughout the program. 2) Random testing as required by the clinical agencies. 3) For cause.

Signature: _

Date: -

National Park College in compliance with Title VI of the Civil Rights Act of 1964 and Title IX of the Education Amendments of 1972 Higher Education Act does not discriminate on the basis of race, color, national origin, sex, qualified handicap in any of its policies, practices, or procedures. The provision includes, but is not limited to, admissions, employment, financial aid, and other educational services. Any person having inquiries concerning NPC compliance with Title IX is directed to contact the Dean of Students Office on the second floor of the Student Commons or by telephoning (501) 760-4229

Return the Complete Application and all Documents to:

Nursing & Health Sciences Division National Park College 101 College Drive: Hot Springs, AR 71913