



NATIONAL PARK COLLEGE

RESPIRATORY THERAPY PROGRAM APPLICATION FORM

Applications are accepted from January 2nd - June 15th

Date: _____

NPC ID: _____

Print Full Legal Name: _____
Last Name First Name Middle Name

Preferred Name (if different from legal name): _____ Date of Birth _____

Personal Email: _____ NPC Email: _____

Cell Phone: _____ Work Phone: _____

Mailing Address: _____
Number & Street City State Zip Code

Social Security Number: _____ Are you a US Citizen? ☐ Yes ☐ No

I understand a valid Social Security number is required to apply for a RT licensure in Arkansas: ☐ Yes ☐ No

Are you a U.S. Citizen? ☐ Yes ☐ No Do you speak English in your home? ☐ Yes ☐ No

High School: _____
School Name City State

Date of High School Graduation: Month: _____ Year: _____ G.E.D Certification: ☐ Yes ☐ No

List information concerning college, university, or other schools attended:

Name of Institution	City & State	Dates (From - To)	Degree Received

Are all of your transcripts on file? ☐ Yes ☐ No

Have you enrolled in a respiratory therapy program previously? ☐ Yes ☐ No

If Yes, date and institution: _____

Have you previously applied to this respiratory therapy program? ☐ Yes ☐ No If so when: _____

List Work Experience:

Employer	Location	Dates (From - To)	Description of Work

How did you hear about this program? _____

Are you applying to more than one health science/ nursing program? ☐ Yes ☐ No If yes, how many? _____

(Ex: if you are applying to the NPC RT and another NPC program, count this as 2) This information does not influence your admission status. It serves to provide information regarding the number of students interested in pursuing a degree in health science or nursing.

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.

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 Americans 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.

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.

Initial

Signature: _____ Date: _____

National Park College is committed to providing an educational and employment environment free from discrimination. In compliance with Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, and Section 504 of the Rehabilitation Act of 1973, the College prohibits discrimination on the basis of race, color, national origin, sex, or disability in its programs, admissions, employment, financial aid, and educational services. 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