

## Application Checklist for Respiratory Care Technology Program

Your application is **NOT COMPLETE** and will not be considered for admission until **ALL** forms and any required documentation is submitted.

Use the checklist below to verify that all information is included. Sign, date, and submit this form with the indicated information to the **Respiratory Care Program Director**. These items may be mailed or delivered to the specific departments listed below.

All current and accurate information is required by the application deadline of **October 30**.

- ☐ **Application for Admission to McLennan Community College.**  
Completed application must be sent to the Admissions Department.
- ☐ **Application for the Respiratory Care Technology Program.**  
Completed application must be sent to the Respiratory Care Technology Program Director.
- ☐ **Documentation – Must be TSI complete in reading, writing, and math.**
- ☐ **Documentation - Official and unofficial transcripts from all colleges where you have earned credit.**
  - **Official transcripts go to the Office of Student Admissions Department**
  - **Unofficial transcripts go to the Respiratory Care Technology Program Director with the application**
  - **It is the applicant's responsibility to submit official updated transcripts to the Office of Student Admissions and unofficial transcripts to the Respiratory Care Technology Program Director as additional courses are completed.**

After you have completed and check all applicable items above, you are now ready to turn in your application.

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Signature

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Date

*McLennan Community College does not discriminate on the basis of race, color, national origin, sex, disability or age in its programs or activities. The following person has been designated to handle inquiries regarding the nondiscrimination policies: Claudette Jackson, Acting Title IX Coordinator, 1400 College Drive, 254-299-8645, [titleix@mclennan.edu](mailto:titleix@mclennan.edu). A lack of English language skills will not be a barrier to admission to and participation in career and technical education programs.*

*McLennan Community College no discrimina a ninguna persona independientemente de la raza, color, origen nacional o étnico, género, discapacidad, o edad en sus programas, actividades o empleo. Para obtener información sobre el cumplimiento de esta política de no discriminación por parte de la institución, comuníquese con el siguiente administrador: Claudette Jackson, 1400 College Drive, 254- 299-8465, [titleix@mclennan.edu](mailto:titleix@mclennan.edu). La falta de conocimiento del idioma inglés no será un impedimento para la admisión y participación en programas de educación técnica y profesional.*

*For students in these Health Profession programs who may have a criminal background, please be advised that the background could keep you from being licensed by the State of Texas. If you have a question about your background and licensure, please speak with your faculty member or program director. You also have the right to request a criminal history evaluation letter from the applicable licensing agency.*



1400 College Drive, Waco, TX 76708  
[www.mclennan.edu/departments/hsp](http://www.mclennan.edu/departments/hsp)

# Application for Respiratory Care Technology Program

**Application deadline is October 30. This application is effective for ONLY one review. A new application is required for each admission.**

\_\_\_\_\_  
*Last Name                                      First Name                                      Middle Name                                      Other names used on records*

MCC ID#: \_\_\_\_\_

Current address: \_\_\_\_\_

\_\_\_\_\_  
*House #                      Street, Route, or P.O. Box#                                      Apt. #*

\_\_\_\_\_  
*City                      County                                      State                                      ZIP*

Telephone #: (\_\_\_\_\_) \_\_\_\_\_ E-mail address: \_\_\_\_\_

Expected year of enrollment: Spring 20 \_\_\_\_\_

List all colleges and/or vocational/technical schools you have attended, including MCC:

<i>College</i>	<i>Dates attended</i>
_____	_____
_____	_____
_____	_____

The steps outlined on the application checklist (admission to MCC, testing, transcripts, etc.) must be completed **before the applicant may be considered for admission to** the Respiratory Care Technology Program. **Please note:** you must be 18 years of age prior to beginning clinic.

Have you ever been convicted of a crime other than a minor traffic violation? \_\_\_\_ Yes \_\_\_\_ No

**Please note:** Driving under the influences (DUI) or driving under suspension (DUS) are not considered minor traffic violations. Failure to disclose will result in withdrawal from this program.

*I certify that the information furnished in this application is complete and correct.*

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

**Return this form to:**

**Program Director, Respiratory Care Technology  
McLennan Community College  
1400 College Drive  
Waco, Texas 76708**



1400 College Drive, Waco, TX 76708  
[www.mclennan.edu/departments/hsp](http://www.mclennan.edu/departments/hsp)