GROSSMONT COLLEGE RT PROGRAM APPLICATION CHECKLIST

(This form must accompany the application packet)

NAME: _____ DATE: _____

The required following documents are needed to submit an application packet and to be placed on the waitlist. All items must be included in a single email and submitted (PDF format is preferred) to Grossmont.RespiratoryTherapy@gcccd.edu. or the RT office.
Application requirements must be complete and all items must be included to apply to the RT Program. Incomplete applications will not be accepted.

☐ Complete Application

☐ Proof of High School graduation, GED certificate **or a higher** degree:

- copy of a U.S. High School diploma/transcripts or
- copy of a GED certificate or
- unofficial transcripts indicating an Associates, Bachelors or Master's degree or copy of diploma.

Important: Foreign High School or College transcripts must be evaluated by an Evaluation Service from NACES.org.

☐ Official or unofficial college transcripts for the required science prerequisites; Anatomy, Physiology, and Microbiology. If the courses were taken at GCCCD, the RT Office will obtain the transcript for you. Once accepted to the RT Program **Official Transcripts need to be hand deliver to Grossmont Admission or sent electronically through a transcript service to Grossmont.Admisions@gcccd.edu**

☐ Course Descriptions for courses not listed on the RT Equivalency Grid. If prerequisites were taken outside of the San Diego area, course descriptions from the college catalog must be included. Please do not copy and paste; course descriptions must show the entire page directly from the school catalog and/or website indicating the name of the college and the year the course was completed.

☐ Complete Immunizations (all have specific requirements; please use the Immunization Requirements for details):

☐ Hepatitis B series (3 shots total) (if proof of Hep B series cannot be provided Positive Blood Immunity is sufficient).

☐ Hep B blood test indicating immunity Please note: Negative blood tests without a series of 3 Hep B vaccinations will not meet the requirement.

☐ Tdap (within the past 10 years)

☐ MMR series (2 shots total) **or** separate blood tests indicating immunity for Measles, Mumps and Rubella.

☐ Varicella series (2 shots total) **or** a positive Varicella blood test indicating immunity

☐ COVID-19 series 1 or 2 shot version and the booster

QUESTIONS? Contact Darla Ryther - Health Professions Specialist for the RT Program. Email: Grossmont.RespiratoryTherapy@gcccd.edu 619-644-7448

With this application, all required documentation must be completed and submitted to the RT Office to be placed on the RT Program waitlist. Applicants are sent an email confirming their waitlist date. **Once a student accepts a seat in any Health Professions Program at Grossmont College, their name will be removed from all other Grossmont College Health Professions waitlists.**

GROSSMONT COLLEGE

APPLICATION TO THE ASSOCIATES DEGREE IN RESPIRATORY THERAPY PROGRAM

This application must be completed in full in order for your name to be placed on the program waitlist. Please review it carefully.

Name _____ Home Phone _____
Last First Middle

Previous Name _____ Alternate Phone No. (Cell) _____
Important if your records reflect a name different from above.

Address** _____ Student ID#. _____
Street (Confidential—for records only)

_____ Birth Date _____
City State Zip (Confidential—for records only)

E-mail Address** _____ High School (City, State) _____
(A copy of HS diploma, transcripts, GED or higher education is required to apply)

SCIENCE PREREQUISITES*	Course Number	No. of Units	Lab Course Y/N?	Year Completed	Name of College	Letter Grade Received
Anatomy & Physiology I **or** Anatomy						
Anatomy & Physiology II **or** Physiology						
Microbiology						

Please submit this application along with the additional requirements needed to complete your application, i.e., official transcripts, immunizations, proof of high school diploma or higher degree and completion of the 4 science prerequisites with a "C" or higher.

*If science prerequisites were completed at a college outside of San Diego County, please provide course descriptions from the college catalog or from their website to be approved for equivalency. **Submit official transcripts of all science prerequisites with this application.**

PLEASE COMPLETE FOR STATISTICAL PURPOSES ONLY:
__American Indian or Alaskan Native __African-American __Asian or Pacific Islander __Hispanic __Filipino __White __Other
__Male __Female

****Important: If you have a change in your address, phone number or email while on the waitlist, you must contact the RT Office in writing. Your status on the waitlist will be compromised if we are unable to reach you. You may email changes to** Grossmont.RespiratoryTherapy@gcccd.edu

Application Date:
Office Use:
Completed Date:

College and/or Post High School Education	Name of College	Years Attended	Degrees

***Note:** Official college transcripts from all colleges attended must be on file in the Admissions and Records office before starting the program. It is highly recommended that you make an appointment with a college counselor after entering the program to verify all of your General Education and Major Requirements are met for your AS Degree.

How did you hear about the field of Respiratory Therapy?:_____

How did you hear about our Respiratory Program?: _____

Have you applied, or are you enrolled, in any other Health Professions Program? ___ ___

Yes No

Explain: _____

PLEASE COMPLETE FOR STATISTICAL PURPOSES ONLY:

Work experience in the health care field? ___ Yes
If yes, where and dates of employment. ___ No _____

_____

IMPORTANT

Students in **ALL** Allied Health Programs will be required to complete a background check and urine drug screen. **THIS IS A HOSPITAL/HEALTH AGENCY REQUIREMENT**. Students will be given the information to obtain these requirements upon admission to the program.

You may send by email or hand deliver your application to the Grossmont College Respiratory Therapy Program at the address below. Application by mail is also acceptable.

GROSSMONT COLLEGE
Respiratory Therapy Program
Building 34, Room 256
8800 GROSSMONT COLLEGE DRIVE
EL CAJON, CA 92020-1799
(619) 644-7448
Grossmont.RespiratoryTherapy@gcccd.edu
www.grossmont.edu/healthprofessions

Date:_____

Signature:_____