



TARRANT COUNTY COLLEGE

AAS Degree in Respiratory Care

Application for Admission

For swifter processing, please **TYPE** your information in the fields below.

1. Biographical Information

SSN: (No Dashes) TCC ID: Date of Birth:

Last Name: First Name: Middle Name:

Address 1: Apt #:

City: State: Zip Code: Primary Phone: (No Dashes)

Primary E-mail Address: Secondary Phone: (No Dashes)

MyTCC E-mail:

2. Emergency Contact Information

Full Name:

Address 1: Apt #:

City: State: Zip Code: Primary Phone: (No Dashes)

3. Education Information

High School

School Name: Certificate: Completion Date:

College/University - (Include TCC, if applicable)

School Name: Certificate: From: To:

School Name: Certificate: From: To:

School Name: Certificate: From: To:

4. Previous Application Information

4a. Have you ever applied for an Allied Health program at TCC?

Yes

No

Program:

Month

Year

5. Background Information

5a. Gender:

Male

Female

5b. Race:

American/Alaska Native

International

Asian

Multi

Black or African American

Race Unknown

Hawaiian/Pacific Islander

White

Hispanic/Latino

6. Is English your native or first language?

Yes

No

(If no see TOEFL/IELTS information.)

I attest that this application to the Respiratory Care Program is complete and correct. I understand that by signing and submitting this application I am not guaranteed a place in this program and that I am only eligible for selection according the terms listed in the information packet. I also understand that by signing the application I am responsible for submitting ALL documents and information required for eligibility into this program to the Allied Health Department. I have read and understand the requirements and procedures for admission into the Allied Health Programs as outlined in the Application Information Packet.

Signature

Date

I give permission for TCC to release my student transcript to the Allied Health staff at TCC.

Signature

Date

Submit all application materials in person or by mail to:
Tarrant County College - TREC
Allied Health - Respiratory Care
245 E. Belknap Street
Fort Worth, TX 76102

Application materials include:
Application
Application Checklist
HESI Exam
Immunizations
Information Sheet

For Office Use Only

Respiratory Care

Student Name: TCC ID:

Last name First name

- Applied for an Allied Health Program Before
- Respiratory Care Application and Checklist
- HESI Exam
- GPA _____
- TCC Transcript Signed
- TOEFL/IELTS (if applicable)
- Information Sheet

Overall Score = 70										
HESI Test Scores (decimal)	(1) Reading	<input style="width: 40px; height: 25px;" type="text"/>	(6) Grammar	<input style="width: 40px; height: 25px;" type="text"/>	(7) Vocab & Gen	<input style="width: 40px; height: 25px;" type="text"/>	(8) Math	<input style="width: 40px; height: 25px;" type="text"/>	Date HESI Taken?	<input style="width: 100%; height: 25px;" type="text"/>
	Hepatitis A	Hepatitis B	Measles, Mumps, Rubella	Chickenpox	Tuberculosis	Tetanus, Diphtheria, Pertussis				
Hep A-1 <input type="checkbox"/>	Hep B-1 <input type="checkbox"/>	MMR-1 <input type="checkbox"/>	Varicella-1 <input type="checkbox"/>	TB <input type="checkbox"/>	TDaP <input type="checkbox"/>					
Hep A-2 <input type="checkbox"/>	Hep B-2 <input type="checkbox"/>	MMR-2 <input type="checkbox"/>	Varicella-2 <input type="checkbox"/>	TB (+) <input type="checkbox"/>						
Hep A-T <input type="checkbox"/>	Hep B-3 <input type="checkbox"/>	MMR-T <input type="checkbox"/>	Varicella-T <input type="checkbox"/>	Chest X Ray <input type="checkbox"/>						
	Hep B-T <input type="checkbox"/>									

Course Grades	A&P I BIOL 2401	<input style="width: 40px; height: 25px;" type="text"/>	A&P II BIOL 2402	<input style="width: 40px; height: 25px;" type="text"/>	Micro BIOL 2420	<input style="width: 40px; height: 25px;" type="text"/>	MATH	<input style="width: 40px; height: 25px;" type="text"/>
	Date Completed	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>

Note: No online science lab courses accepted.

Comments	<input style="width: 100%; height: 100%;" type="text"/>
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TCC Staff
Signature: _____

Date:

Student
Signature: _____

Date:

TOEFL/ IELTS Instructions

If you did not graduate from a high school in the United States or a high school on a US military installation where English was the primary language used:

Provide documentation of graduation from high school from an English speaking country such as Canada (other than Quebec), Great Britain, Australia, New Zealand, South Africa, and Ireland. If graduated from English speaking high school in a country not listed above in #2, provide official transcripts and a notarized letter from the headmaster/principal of the high school stating that English was the primary language of the courses taught.

If English was NOT the primary language of your high school you must provide documentation of proof of English proficiency by submitting the results of either of the following:

1. TOEFL - iBT- Test of English as a Foreign Language – Internet Based Test - passing score of 83. This is the recommended score to apply for licensure from the Texas BON (Board of Nursing)
[HYPERLINK http://www.ets.org/toefl/](http://www.ets.org/toefl/) <http://www.ets.org/toefl/>
2. IELTS – Academic version- International English Language Testing System –IELST Band Score – over all 6.5 with a minimum score of 6 in all areas. This is the recommended score to apply for licensure from the Texas BON (Board of Nursing).

Respiratory Care Application Checklist

Please check off the following items as they are completed in order to be an eligible candidate for our Allied Health Program.

1. _____ I have applied to Tarrant County College.
2. _____ I have read the information on the TCC website for Respiratory Care. I will submit my completed application to the Trinity River East Campus (in person or by mail) with my signed application materials before the application deadline.

TCC - Trinity River East Campus - Allied Health Department
245 E. Belknap Street
Fort Worth, TX 76012-1901

3. _____ I have provided current official transcripts from ALL colleges and schools attended to the TCC Registrar. For transcript submission follow-up, contact the TCC Registrar at 817-515-1051.

* Provide official high school transcripts ONLY if you have not attended college or will have less than 12 semester hours by the application deadline.

*If you are planning to submit an international (out of the U.S.) transcript, first contact the TCC International Admissions Office at 817-515-1570 to schedule an appointment. Start this process at least eight (8) weeks before the deadline date.

4. _____ I verify that I have met the TCC's Texas Success Initiative (TSI) requirements.
5. _____ I verify that all my immunizations required (listed on the website) have been started AND will be complete no later than August 1. PLEASE NOTE: The Hepatitis A and B shots require 6 months to get the two or three shots. These MUST be complete by August 1st so start your immunizations in time to complete the series.
6. _____ I acknowledge that I will be required to pass a Drug Screening and Background check. I also acknowledge that these required checks will be administered within 30 days prior to starting the program. If I fail either of these protocols, I acknowledge that I will be dismissed from the program.
7. _____ (If applicable) I have submitted my criminal history evaluation results to the Director of Allied Health. Please use the address listed above for item number 2.

By signing below, I verify that I have read and understand that I am responsible for providing, and meeting, the criteria listed in this document. If it is discovered that any of the information I have provided for the application has been falsified, I will be dismissed from the program.

Signature

Date