

**Big Sandy Community & Technical College
Respiratory Care Program Application**

Name _____
(Last) (First) (Middle)

Address _____
(Street) (City) (State) (Zip) (County)

Student ID Number _____ Phone Number () _____

Email address _____

Educational Status: (Check All That Apply)

GED Yes No N/A High School Diploma Yes No N/A

College(s) Attended/Attending _____

Have you taken the ACT/COMPASS? Yes No

Are you a C.R.T. (CRTT)? _____

If you answered YES to the above, what accredited Respiratory Care Program Did you attend? _____

Graduation Date _____ C.R.T.(CRTT) License Number _____

Have you ever been enrolled in a Respiratory Care Program before?

Yes No Name of College/School _____

Are you applying for readmission to Big Sandy Community & Technical College's Respiratory Therapist Program? Yes No

Do you have any previous health care experience? _____ No _____ Yes

If yes, please explain _____

Applicant Signature

Date
