

# FERRIS STATE UNIVERSITY

## Respiratory Care Program

### 2012 QUALIFICATION CHECKLIST FOR APPLICATION – **Grand Rapids Location Only!**

<p><b>For Admission to the Professional Respiratory Care Sequence:</b> Students should officially apply to the professional sequence <b>between August 15 and August 30</b> if they will have their qualifications completed by the end of that semester (Fall) for consideration for the following Spring semester start.</p> <p>Please refer to the <b>Policy for Admission to the Professional Sequence for CHP Clinical Programs Frequently Asked Question (FAQ) for the Application and Admission Process Step by Step Process</b></p> <p>These links may be accessed at the College of Allied Health Sciences Home Page. See below.</p>						
<p><b>ACADEMIC STATUS:</b> Minimum Standard</p> <ul style="list-style-type: none"> <li>Maintain GPA 2.7 or higher</li> </ul>		<p><b>List All Colleges Attended &amp; their cumulative GPA</b></p> <p><b>College Name:</b> _____ <b>GPA:</b> _____</p>				
COURSE / QUALIFIERS	Minimum CREDITS	Minimum GRADE REQUIRED	SEMESTER TAKEN (i.e., Fall Yr, Spring Yr or Summer Yr)	COLLEGE WHERE COURSE TAKEN	GRADE(S) (Or GPA) (Or Credit)	REQUIREMENT MET
<p>Math Competency:</p> <ul style="list-style-type: none"> <li>ACT math subscore of 19 or higher <u>or</u> MATH 110 (* in 2 attempts)</li> <li>Effective for 2011: proficiency must be demonstrated within 5 years of this application</li> </ul>	4	ACT score or B-				
ENGL 150 English 1	3	C				
MRIS 102 Medical Vocabulary or proficiency	1	C				
<p>CHEM 103 Preparatory Chemistry</p> <ul style="list-style-type: none"> <li>No more than 2 attempts</li> <li>Effective for 2011: course must be completed within 5 years of this application</li> </ul>	3/4	B-				
<p>BIOL 109 Basic Anatomy &amp; Physiology</p> <ul style="list-style-type: none"> <li>No more than 2 attempts</li> <li>Effective for 2011: course must be completed within 5 years of this application</li> </ul>	4	B-				

- (Grand Rapids Campus ):**Off-Campus Advisor, **Katie Laier**, [laierk@ferris.edu](mailto:laierk@ferris.edu) 1-800-GO-BULLDOGS, ext: 2733
- Be sure to watch the Respiratory Care Website for program updates. Application Guidelines & Forms can be accessed on the CAHS Website: <http://www.ferris.edu/HTMLS/colleges/alliedhe/Admission-to-the-Clinical-Programs.htm>
- Please refer to the Respiratory Care Progression Policy for guidelines regarding repeated courses. Available at the Respiratory Care website: <http://www.ferris.edu/HTMLS/colleges/alliedhe/csrhca/Respiratory-Care/HOME-Respiratory-Care-AAS.htm>
- See: Application Form on the Next Page**

Updated: 05/14/12

Ferris State University  
College of Health Professions

**2012 Application for Admission to the Professional Sequence of the  
Respiratory Care Program in Grand Rapids**

**Directions:** This application form is to be submitted to **the College of Health Professions Student Academic Affairs Office [VFS 209, Ferris State University, 200 Ferris Drive, Big Rapids, MI 49307]** no earlier than August 15th and no later than August 30 (Spring 2013 Start) of any academic year. Please complete all sections and attach appropriate documentation as directed. *Incomplete application materials will not be reviewed and the applicant will not be considered for admission.*

**Student Name:** \_\_\_\_\_

**FSU I D** \_\_\_\_\_

Note: All correspondence related to this application will be sent to this address

Current Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone number \_\_\_\_\_ Alternate number \_\_\_\_\_

Current Email Address \_\_\_\_\_

**I have met or will meet by Fall 2012, all of the requirements to qualify for admission to the Respiratory Care Program as verified by the attached documentation. Check all attached:**

\_\_\_\_\_ **Admitted to Ferris State University** – verify that your application to FSU is still active. Call Admissions at 616-643-5732 to make sure (no documentation needs to be attached).

\_\_\_\_\_ **Qualification check list** reflecting completion of pre-requisites with the required grades as designated by the Respiratory Care program. This checklist form is available on the CAHS Websites. Please fill in all white boxed/blank areas.

\_\_\_\_\_ **Unofficial transcripts** from FSU and/or other institutions reflecting all required coursework completed to date and/or enrolled in this semester.

\_\_\_\_\_ **Copy of ACT scores** for students who did not complete a math course because they had the proficient ACT score.

\_\_\_\_\_ Other (Specify special documentation to clarify coursework, etc.)

*I VERIFY THAT THE INFORMATION PROVIDED WITH THIS APPLICATION IS ACCURATE. I AM LISTED AS A PRE-Respiratory MAJOR FOR EITHER MY PRIMARY OR SECONDARY FSU PROGRAM (no documentation is needed).*

Student Signature

Date

**For College or Department Use Only:**

Qualifying Semester \_\_\_\_\_ Priority Date \_\_\_\_\_

Signature of Verifier: \_\_\_\_\_ Date: \_\_\_\_\_

5 year rule: n/a \_\_\_\_\_ met \_\_\_\_\_ ineligible \_\_\_\_\_

Comments: \_\_\_\_\_

Approved to start: \_\_\_\_\_ Not approved to start: \_\_\_\_\_ Qualified: \_\_\_\_\_ Not Qualified \_\_\_\_\_

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