

**Idaho State**  
**UNIVERSITY**  
College of Technology

**Application for Admission to the Respiratory Therapy Program**

**Program Description:**

The Respiratory Therapy Program is offered through ISU College of Technology. The application deadline for priority processing is **February 15<sup>th</sup>, 2010**. **In order to be considered for acceptance with the first group of applicants, the application must be received on or prior to February 15<sup>th</sup>**. After the priority processing deadline, acceptance to the program is contingent on space availability. Prior to applying, all prerequisites must be complete or in-progress with anticipated completion dates before the beginning of fall semester. Acceptance to the program will be conditional upon successful completion of prerequisites. Acceptance to Idaho State University does not guarantee acceptance into the Respiratory Therapy Program.

**Personal Information:** (please type or print neatly)

Date of Application \_\_\_\_\_ Bengal ID \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Permanent Address (if different) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: Day \_\_\_\_\_ Home \_\_\_\_\_ Cell phone \_\_\_\_\_

Email \_\_\_\_\_

**Educational Background**

Have you been accepted to ISU? Yes \_\_\_\_ No \_\_\_\_

Are you currently enrolled at another college/university? Yes \_\_\_\_ No \_\_\_\_

If yes, Name of college/university currently enrolled:

\_\_\_\_\_

Have you completed prerequisite courses that are not on your ISU transcript?

Yes \_\_\_\_ No \_\_\_\_

If yes, list prerequisite and name of college/university at which it was completed:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Respiratory Care Job Shadow:**

Have you completed the 12 hour job shadow requirement? Yes \_\_\_\_ No \_\_\_\_

**Medical Experience:**

Do you have previous medical experience?

If yes, please list applicable employment:

Facility	Dates of Employment	Supervisor/Telephone #

What type of medical experience have you had? Please list and briefly describe your experience.

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**Agreement and Signature**

By submitting this information, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted to the Respiratory Therapy Program, any false statements, omissions, or other misrepresentations made by me on this form may result in my immediate dismissal.

Student Signature

Date

**Respiratory Therapy candidates will be notified by mail regarding acceptance. Students not accepted to the program must re-apply. Upon acceptance, a background check and immunization record will be required (see Program Information Packet for more details at <http://www.isu.edu/ctech/studentservices/resp.pdf>)**

Submit application and required documents to:

**ISU College of Technology  
Student Services  
921 S 8th AVE, STOP 8380  
POCATELLO ID 83209**

Idaho State University subscribes to the principles and laws of the State of Idaho and the federal government, including applicable executive orders pertaining to civil rights. All rights, privileges, and activities of the University are made available without regard to race, creed, color, sex, age, disability, national origin or veteran status. The University is an Equal Opportunity and Affirmative Action employer. Evidence of practices that are not consistent with such a policy should be reported to:

Leonard E. "Buddy" Frazier, Affirmative Action Director  
Museum Building, Room 422 Box 8315  
E-mail [frazleon@isu.edu](mailto:frazleon@isu.edu) (208) 282-3964

Idaho State University is committed to equal opportunity in education for all students, including those with documented disabilities. If you have a diagnosed disability or if you believe that you have a disability that might require reasonable accommodations, please contact:

Dennis J. Toney, ADA Disabilities and Resource Center Director  
Gravely Hall, Room 123 Box 8121  
E-mail [tonedenn@isu.edu](mailto:tonedenn@isu.edu) (208)282-3599