

MT. SAN ANTONIO COLLEGE  
**Health Career Resource Center**  
 1100 North Grand Avenue, Walnut, CA 91789  
 TEL (909) 274-4788  
 FAX (909) 274-2076

For Office Use Only:  
 Received \_\_\_\_/\_\_\_\_/\_\_\_\_  
 By \_\_\_\_\_

# Application for Respiratory Therapy Program

*This program begins once a year in the **FALL** only*

Have you previously applied to this program? \_\_\_\_yes \_\_\_\_no

**PLEASE PRINT THE FOLLOWING INFORMATION IN INK:**

1. \_\_\_\_\_  
 LAST FIRST MIDDLE PREVIOUS LAST NAMES  
 HOME ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
 DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 CELL (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ EMAIL \_\_\_\_\_  
 SOCIAL SECURITY NO. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ MSAC ID NUMBER \_\_\_\_\_

2. IN CASE OF AN EMERGENCY INVOLVING YOURSELF, WHO SHOULD BE NOTIFIED?  
 \_\_\_\_\_  
 NAME RELATIONSHIP  
 \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 ADDRESS CITY STATE/ZIP

3. CAN YOU BE CERTAIN OF RELIABLE TRANSPORTATION THROUGHOUT THE PROGRAM? \_\_\_\_YES \_\_\_\_NO

4. **EDUCATION** - PLEASE LIST HIGH SCHOOL, COLLEGE, UNIVERSITY, OR MILITARY EXPERIENCE, ETC.

SCHOOL	DATES (FROM/TO)	DIPLOMA/DEGREE	MAJOR

5. ARE YOU IN COLLEGE AT THIS TIME? \_\_\_\_YES \_\_\_\_NO IF SO, WHERE? \_\_\_\_\_

6. INDICATE WHICH OF THE FOLLOWING COURSES YOU HAVE COMPLETED AT MT. SAC OR ANOTHER COLLEGE, BY WRITING THE GRADE RECEIVED AND SCHOOL COMPLETED AT IN THE SPACE PROVIDED NEXT TO THE COURSE: EX: ALGEBRA A/MSAC

COURSE	GRADE/WHERE COMPLETED	COURSE	GRADE/WHERE COMPLETED	COURSE	GRADE/WHERE COMPLETED
ALGEBRA		ANATOMY		MEDICAL TERMINOLOGY	
CHEMISTRY		PHYSIOLOGY			

7. **TRANSCRIPTS.** YOU MUST PROVIDE PROOF OF HIGH SCHOOL GRADUATION OR EQUIVALENT BEFORE YOUR FOLDER IS CONSIDERED COMPLETE. YOU MAY SATISFY THIS REQUIREMENT BY EITHER PROVIDING US WITH A COPY OF YOUR HIGH SCHOOL DIPLOMA/G.E.D. OR HIGH SCHOOL TRANSCRIPTS. HAVE YOU INCLUDED A COPY OF YOUR HIGH SCHOOL DIPLOMA OR G.E.D. WITH THIS APPLICATION? \_\_\_\_\_ YES \_\_\_\_\_ NO. IF YOU DO NOT HAVE A COPY OF YOUR DIPLOMA OR G.E.D. YOU MUST REQUEST TRANSCRIPTS FROM YOUR SCHOOL. HAVE YOU REQUESTED YOUR TRANSCRIPTS? \_\_\_ YES \_\_\_\_\_ NO. REMEMBER YOU DO NOT NEED TO SEND US TRANSCRIPTS OF ANY COURSEWORK TAKEN AT MT. SAN ANTONIO COLLEGE.

8. **COLLEGE PLACEMENT EXAMINATION.** YOU MUST TAKE THE ENGLISH AND MATH PLACEMENT EXAMS. TESTING IS ADMINISTERED BY THE ASSESSMENT CENTER IN THE STUDENT SERVICES CENTER (BLDG. 9B). ARRANGEMENTS SHOULD BE MADE WITH THEM TO SCHEDULE A DAY AND TIME TO TAKE THE COLLEGE PLACEMENT EXAMINATION, IF REQUIRED. YOU MAY CONTACT THE ASSESSMENT CENTER, MONDAY THROUGH FRIDAY AT (909) 274-4265. PLEASE FILL IN THE FOLLOWING INFORMATION REGARDING THIS TESTING REQUIREMENT:

- A. I TOOK THE COLLEGE PLACEMENT EXAMINATION ON \_\_\_\_/\_\_\_\_/\_\_\_\_.
- B. I WILL TAKE THE COLLEGE PLACEMENT EXAMINATION ON \_\_\_\_/\_\_\_\_/\_\_\_\_.
- C. I DO NOT NEED TO TAKE THE COLLEGE PLACEMENT TEST.
  - 1. I HAVE A/AN \_\_\_\_\_ DEGREE FROM \_\_\_\_\_
  - OR**
  - 2. I HAVE TAKEN \_\_\_\_\_ OR EQUIVALENT AT \_\_\_\_\_  
English Course

9. **GENERAL HEALTH.** DO YOU HAVE ANY PHYSICAL HANDICAPS OR PREVIOUS ILLNESSES THAT WOULD INTERFERE WITH ENTERING OR COMPLETING THIS PROGRAM? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, PLEASE LIST. \_\_\_\_\_

10. IF YOU HAVE EVER ATTENDED ANY HEALTH SCIENCE PROGRAM, PLEASE GIVE THE NAME OF THE INSTITUTION AND THE LOCATION. \_\_\_\_\_

11. IN YOUR OWN HANDWRITING, PLEASE TELL US ABOUT YOURSELF AND EXPLAIN WHY YOU WISH TO BE A MEMBER OF THIS HEALTH CARE PROFESSION IN THE SPACE PROVIDED BELOW.

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SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_