Open date:  
**Thursday, December 1, 2016** | Applicants can begin submitting program applications.

Close date:  
**Monday, April 3, 2017** | All required documentation listed on the application checklist must be received by the Admissions, Registration and Records Office no later than 5 p.m. No postmark date allowed, no exceptions.

**Please note:** This application is for a restricted entry program, and must be filled out by hand and submitted, along with supporting documents and payment to Mt. Hood Community College’s Admissions, Registration and Records Office, 26000 SE Stark St, Gresham OR 97030.

People requiring accommodations due to disability should contact the Disability Services Office at 503-491-6923 or dsoweb@mhcc.edu.
APPLICATION PACKET CHECKLIST

Applicant Name Date MHCC ID

Every item on this checklist needs to be submitted by the application deadline of April 3, 2017. Only completed applications containing all the required documents will be considered for review. You will not be given notification if items are missing. It is the responsibility of the applicant to make sure everything was received by the deadline. By signing to the lower right I am confirming each item below is included with my application or I have confirmed they are already on file at MHCC. I understand it is my sole responsibility to submit the required documents and I will not be given notice if my application is incomplete until after the deadline, at which time it will be too late to submit missing documents.

REQUIREMENTS
1. General Admission Application, Online Form (https://my.mhcc.edu/ics/Admissions)
2. Application Packet Checklist: Page 2
3. Health Professions Division Application: Page 3
4. Prerequisite Course Planning Sheet: Page 4
5. Healthcare Related Work Experience Form (Optional): Page 5
6. $25 Application Fee, Non-Refundable. Make check payable to MHCC. Bank card/cash is only payable in person in Student Services (room AC2253).
7. Academic Requirements and Documentation: Submit CPT scores if not taken at MHCC or official college transcript(s) documenting how you meet this requirement if using completing coursework. Courses must be completed with a “C” grade or better.
   Reading (check one):
   - MHCC College Placement Test score with placement into RD117 (cannot be older than 4/3/2012)
   - Non-MHCC Placement test scores (cannot be older than 4/3/2012) from: _________________
   - Completion of a college-level reading course (RD115 or higher). **A writing course does not meet this requirement.**
   Writing (check one):
   - MHCC College Placement Test score with placement into WR121 (cannot be older than 4/3/2012)
   - Non-MHCC Placement test scores (cannot be older than 4/3/2012) from: __________________
   - Completion of a college-level writing course (WR115 or higher)
   Mathematics:
   - Completion of MTH065 or higher
8. Official (in a sealed envelope) College Transcript(s) from EVERY COLLEGE EVER ATTENDED. Do not include an MHCC transcript. If an up-to-date transcript is on file (showing most recently completed coursework with nothing in progress), applicants do not need to submit another copy.
9. Proof of Academic Completion: Applicants must provide proof of having completed a high school education or the equivalent General Education Diploma (GED). Submit an official high school transcript showing date of graduation or official GED transcript indicating an overall pass score. Transcript must be in a sealed envelope from the issuing institution. GED transcripts can be ordered from www.ged.com. Home-schooled applicants must meet this requirement by completion of the GED test.

MHCC’s Admissions, Registration and Records office will send all application notification by email. It is your responsibility to set your “spam filter” system to accept email addresses containing @mhcc.edu. Do this even if you are currently receiving emails from MHCC. We cannot be responsible for notices which are not received due to spam or junk mail handling. Make sure to add MHCC to your “safe senders list”. Applicants should be checking their email on a computer and NOT on a smart phone.

I understand it is my responsibility to ensure all items are received by the application deadline and that only complete applications will be evaluated for admission. Furthermore, I have read and understand the admission requirements and procedures for application. I understand that withholding information or giving untruthful answers to questions on this application could be cause for non-acceptance or dismissal from the program.

SIGNATURE: _________________________________ DATE: ______________________

Respiratory Care
Associate of Applied Science Degree
2017
HEALTH PROFESSIONS DIVISION APPLICATION

*Please print and complete fully, do not leave blank. Attach extra paper if needed.*

Name: ____________________________  SSN or MHCC ID: ____________________________

Previous Last Name(s): ____________________________  Email: ____________________________

*ALL notifications will go out via email to this address.*

Current Mailing Address:

<table>
<thead>
<tr>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

Phone Number and Alternate Phone: (______) (______)  

**Education Record:** List **ALL colleges attended. Omission of any college transcript may result in non-admittance or dismissal from the program.**  

<table>
<thead>
<tr>
<th>College:</th>
<th>Major:</th>
<th>Degree earned or number of credits completed:</th>
<th>Date of completion:</th>
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**Previous Applications:** List all Health Profession programs you have previously applied to (including MHCC). If you have previously been admitted into a Health Profession program but did not finish, you must get a letter from the department at your prior institution stating you left in good standing and are eligible to reapply.  

<table>
<thead>
<tr>
<th>Program Title:</th>
<th>Application year(s):</th>
<th>College:</th>
<th>Were you accepted?</th>
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For Office Use Only

Date Received:

Received By:
Respiratory Care
Associate of Applied Science Degree
2017

PREREQUISITE COURSE PLANNING SHEET

<table>
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<tr>
<th>Respiratory Care Prerequisites</th>
<th>Course</th>
<th>Term/Year</th>
<th>Grade</th>
<th>Institution</th>
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<tbody>
<tr>
<td>EXAMPLE</td>
<td>Course Name (Microbiology)</td>
<td>BI234</td>
<td>WI/12</td>
<td>B</td>
</tr>
</tbody>
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Part 1—Required Coursework: Must be completed by April 3, 2017. One chemistry and biology specific course must be completed by the deadline date (taken within the last 7 years, not earlier than Winter term 2010), along with documentation of reading, writing, and mathematics prerequisites.

| BI _________ |
| CH__________ |

Reading: A writing course does not fulfill this requirement. List course in space provided.
Course Completed (RD115 or higher): __________ OR Reading CPT placement into (RD117): __________

Writing: List course in space provided.
Course Completed (WR115 or higher): __________ OR Writing CPT placement into (WR121): __________

Math: List course in space provided.
Course Completed (must be MTH065 or higher): __________

Part 2—Program Related Coursework: Can be completed in or prior to starting the program. Note, MTH095 and BI102 are not required for admissions into the program or for graduation. These courses are additional options for students to earn points.

| BI102 Biology II or other high numbered biology course |
| BI_________ |
| BI234* Microbiology |
| BI121* OR BI231* Anatomy and Physiology I |
| BI122* OR BI232* Anatomy and Physiology II |
| BI233* Anatomy and Physiology III (not required if applicants take BI121 and BI122) |
| MTH095 Intermediate Algebra w/Right Angle Trigonometry or higher |
| PSY101 Psychology of Human Relations OR PSY201 General Psychology |
| WR121 English Composition I |
| SP111 Fundamentals of Public Speaking OR SP115 Intro. to Intercultural Communication OR WR122 English Composition II |

* NOTE: Although BI121 and BI122 (anatomy and physiology sequence) OR BI231, BI232, and BI233 (anatomy and physiology sequence) and BI234 (microbiology) are currently offered within the program, it is strongly recommended that students complete the anatomy and physiology sequence and microbiology prior to admission into the program.
HEALTHCARE RELATED WORK EXPERIENCE FORM—OPTIONAL

Applicant: Please use the following form to document your healthcare related work experience. Your supervisor will need to complete, sign, seal the form in an envelope, and give it back to you. Please submit this form with your other application materials by the deadline date—April 3, 2017. The form cannot be faxed.

If you have already submitted your application, you may mail this form to:
  Admissions, Registration and Records
  Respiratory Care Evaluator
  26000 SE Stark St.
  Gresham, OR 97030

Please note: Forms not received in a sealed envelope will receive NO POINTS. NO EXCEPTIONS.

From: ___________________________ Office: ___________________________ Phone: ___________________________

Address: ___________________________

Applicant’s Name: __________________________________________________
  Please print

Job Title: __________________________________________________________

Length of Time Employed: ___________________________________________

Supervisor’s Name _________________________________________________

Supervisor’s Signature ___________________________ Date ________________

Thank you for assisting this applicant to further their education with Mt. Hood Community College!

Sincerely,

Respiratory Care program staff and faculty