

SOMERSET COMMUNITY COLLEGE  
RESPIRATORY THERAPIST PROGRAM  
Starting August, 2022  
APPLICATION

Name: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_

Second Phone Number: \_\_\_\_\_

SCC Email Address: \_\_\_\_\_

Along with this application, I am submitting my letter of intent.

DO NOT INCLUDE: copies of immunization records, CPR cards, reference letters, etc.

I am applying for admission to the Respiratory Therapist program. I understand that the program is competitive and I must first be accepted. I have completed or am in the process of completing the required prerequisite courses at this time.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Somerset Community College  
Respiratory Therapist Program  
Memorandum of Understanding

This Memorandum of Understanding must be signed, dated, and submitted at the time of application to the program. **Please initial each item.**

\_\_\_\_\_ I have read and understand the information in the online Respiratory Therapy pre-admission conference presentation. Questions can be directed to the Respiratory Therapy coordinator at 606.878.4745 or [angie.mills@kctcs.edu](mailto:angie.mills@kctcs.edu)

\_\_\_\_\_ I understand that clinical facilities require a criminal background check and a drug screen before being allowed to participate in clinical experiences. I also understand that the Respiratory Therapy program requires me to have a criminal background check and a drug screen once a year before participation in clinical experiences. If I do not “pass” the test, the facility may refuse to allow me to practice in their facility and may be dismissed from the program. The cost of these checks/screens will be my responsibility.

\_\_\_\_\_ I understand the Respiratory Therapy program classes and clinical schedules are non-negotiable and will vary each semester.

\_\_\_\_\_ I understand that if admitted to the program, I must submit proof of certain immunizations, documentation of yearly TB skin tests, and maintain CPR certification. Students must begin the series of Hepatitis B vaccinations or sign a Hepatitis B declination form before beginning clinical. I must also purchase liability insurance, as provided through KCTCS, at the beginning of each semester. I may also be required to complete an orientation to each clinical facility.

\_\_\_\_\_ I understand that there are mandatory purchases for the program including, but not limited to, textbooks, uniforms, shoes, etc.

\_\_\_\_\_ I understand that it is my responsibility to submit all required application materials by the appropriate deadline date.

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Student Signature

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Student ID Number

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Date