

**OHLONE COLLEGE / DIABLO VALLEY COLLEGE
APPLICATION TO
RESPIRATORY THERAPIST PROGRAM
Academic Years 2021-2023**

APPLICANT NAME: _____ Ohlone Student ID # _____

PREVIOUS (OR MAIDEN NAME(S)) _____

ADDRESS: _____

PHONE: Home () _____ Cell () _____

E-Mail Address: _____

Course	Completed	Currently In Progress*	Have Not Taken	Name of College where course was/is being taken
English				
Algebra				
Chemistry				
Anatomy/Physiology				
Psychology				
Microbiology				

It is required that you complete the above courses **prior** to entering the program.

* Include In-Progress Grade Verification Form if currently taking a pre-requisite.

Include **1 OFFICIAL** copy of your transcripts with this application upon submission. Refer to Section 9.3 of Application Information Packet regarding transcripts from foreign countries.

Please answer the following questions:

1. Have you previously attended another Respiratory Therapy program? _____yes_____no
If yes, state where and when. _____

2. Have you previously been enrolled in another healthcare program? _____yes_____no
If yes, state what kind of program. _____
(Students who wish to transfer from another RT Program must meet in advance with the Program Director).

3. How did you learn about the Ohlone College Respiratory Therapist Program?

4. What are your reasons for wanting to become a respiratory therapist??
(Please **handwrite** the answer in your own words, 500 – 1200 words, may attach additional pages). There are no points attached to this essay.

5. How many times have you applied to the Ohlone Respiratory Therapist program? _____

LIST ALL COLLEGES ATTENDED

Applicants who fail to disclose current or previous enrollment in college/university/health care training programs are subject to disqualification from the RT Program admissions process.

NAME OF COLLEGE	DATES ATTENDED	TRANSCRIPT ENCLOSED (Yes/No)
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		

1. Have you completed an A.A./A.S. degree:? NO _____ YES _____ WHERE _____
2. Have you completed a B.A./B.S. degree? NO _____ YES _____ WHERE _____
3. Have you completed a Graduate degree? NO _____ YES _____ WHERE _____
4. Did you attend or are you currently attending Diablo Valley College? NO _____ YES _____
5. Please read and sign the following statement:

I verify that the information I have provided in this application is true and complete, and I understand that false information may result in my dismissal from the program.

Signature and Date

CARRY the completed APPLICATION BY April 30th TO:

**Ohlone College Newark Center
39399 Cherry Street
Metal box *outside* 3rd wing on first floor
Newark, CA 94560**

By the deadline of April 30th

**OHLONE COLLEGE/DIABLO VALLEY COLLEGE
RESPIRATORY THERAPIST PROGRAM
APPLICANT'S CHECKLIST**

For your convenience, we are enclosing this checklist for you to keep track of your progress in completing the application requirements; **RETAIN THIS FORM FOR YOUR RECORDS.** DATE Application was sent to Ohlone College _____

_____ RT APPLICATION - All questions completely answered

_____ 1 OFFICIAL TRANSCRIPT FROM EACH COLLEGE ATTENDED

_____ APPLICATION SIGNED AND DATED

_____ IN-PROGRESS COURSES you are taking.

List course and instructors you gave an In-progress Grade Verification form to:

1. _____
2. _____
3. _____
4. _____
5. _____

REMINDER: Applications are NOT REVIEWED without transcripts included with the application form. Transcripts MUST be submitted with the application. DO NOT have transcripts sent directly to Ohlone College. Do NOT open the transcripts.