



Community Colleges  
of Spokane

## Spokane Community College

# BACHELOR OF APPLIED SCIENCE RESPIRATORY CARE

**ADMISSION TO THE BAS RESPIRATORY CARE PROGRAM OCCURS ONCE ANNUALLY.**

**Application deadline is June 20<sup>th</sup> each year.  
Professional coursework begins fall term each year.**

**Mail applications to:**

Connie Marsh  
Spokane Community College  
1810 N Greene Street MS 2150  
Spokane, WA 99217-5399

**Hand deliver applications to:**

Connie Marsh  
Spokane Community College  
Building 15 room 0121L

This form must be typed. It is the student's responsibility to inform the Respiratory Care Program and SCC registration of any changes in your e-mail, address, or telephone numbers. **SCC will use the most recent e-mail, address, and telephone number on file for all communications.**

Academic advisement, evaluation of transcripts from other accredited institutions and further information may be obtained by contacting SCC Counseling Department:

Bill Rambo: (509) 533-7062  
Michelle Gendusa: (509) 533-7062

Student Name: \_\_\_\_\_  
(Last) (First) (Middle)

SID #: \_\_\_\_\_

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

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

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

Day Phone: \_\_\_\_\_ Eve Phone: \_\_\_\_\_

Phone (emergency): \_\_\_\_\_ Relationship/Name: \_\_\_\_\_

**I hereby certify that to my knowledge, my application and all documents submitted are true and complete, and I understand providing false information is considered a violation of the Standards of Conduct for Students including, but not necessarily limited to, WAC 132Q-30-210 and may result in my removal from the program.**

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Cumulative GPA: \_\_\_\_\_ General Education GPA: \_\_\_\_\_



**GENERAL EDUCATION COURSES APPLICATION CHECKLIST**

All supporting application documents must be submitted together with the application form unstapled in a 9 inch by 12 inch envelope. **INCOMPLETE OR HANDWRITTEN PACKETS WILL BE REJECTED.** Points are awarded for information received with this packet. Missing information cannot be assessed for the current application cycle. Students will not be allowed to challenge points awarded.

- Completed Bachelor of Applied Science Respiratory Care application form.
  - Completed required general education courses (freshman year). All general education courses must have an earned GPA of 2.5 or higher.
    - All general education courses listed below may only be repeated one time to earn the minimum grade of 2.5 or C+. A withdrawal (W) counts as an attempt.
    - All math and science credits must have been earned within five years. Courses completed more than five years ago will not be counted as course attempts.
- |   |  |
|---|--|
| • BIOL&160 General Biology                | • CMST&227 Intercultural Communication |
| • BIOL&241 Human Anatomy and Physiology 1 | • ENGL&101 English Composition         |
| • BIOL&242 Human Anatomy and Physiology 2 | • ENGL&235 Technical Writing           |
| • BIOL&260 Microbiology                   | • MATH&146 Statistics                  |
| • CHEM&121 General Chemistry              |  |

- Copies of unofficial transcripts from all colleges must be attached to this packet. **Official transcripts must be submitted to Spokane Community College’s transcript office prior to start of the program:**

Spokane Community College Transcripts Office  
1810 N. Greene St., MS 2151  
Spokane, WA 99217

- Completed and signed BAS Respiratory Care Application Checklist (this page).
- Submit the following required documentation:
  - Volunteer/work experience in healthcare (time sheets, supervisor’s letter, etc.)
  - Completed healthcare work/volunteer verification form in this packet
  - Two professional letters of recommendation

**Your completed application will be considered for admission to the BAS Respiratory Care program. An invitation to an interview will be extended to qualified applicants. Interview invitations will sent via USPS and e-mail.**

**I have read the above checklist and have submitted all of the required documents as listed.**

Applicant’s Signature \_\_\_\_\_ Date: \_\_\_\_\_





**Community Colleges  
of Spokane**

**Spokane Community College**

**BACHELOR OF APPLIED SCIENCE RESPIRATORY CARE**

---

I would like to request your assistance in providing verification of my employment with your organization. I have applied for acceptance into the Spokane Community College Baccalaureate of Applied Science in Respiratory Care degree program. This form is necessary to complete my application to the BAS in Respiratory Care Program at Spokane Community College. My signature below authorizes my former or current employers to provide the information requested below.

Student's name printed: \_\_\_\_\_ Date: \_\_\_\_\_

Student's signature: \_\_\_\_\_ Date: \_\_\_\_\_

---

Student's name (print): \_\_\_\_\_

Employer: \_\_\_\_\_

Facility/Business name: \_\_\_\_\_

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

Street or PO box

City

State

ZIP Code

Telephone: \_\_\_\_\_

###-###-####

Position or title held with your organization: \_\_\_\_\_

Primary duties or responsibilities: \_\_\_\_\_

---

Start and End dates of employment: \_\_\_\_\_

Number of hours worked: \_\_\_\_\_

I certify under penalty of perjury under the laws of the State of Washington that the forgoing is true and accurate:

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_