

# AAS Respiratory Care Application

Requirement	Office Use Only
<i>Please note that a student is unable to begin the technical courses until they are 18 years of age or older and a high school graduate or equivalency.</i>	
<b>2.5 GPA Minimum</b> HS GPA within the last 5 years can be used with no prior college credit.	
<b>“B” or better in BIO101 <u>or</u> high school Biology (must be within 5 years) <u>or</u> “C” or better in BIO121, BIO122 <u>or</u> BIO123</b>	
<b>“C” or better in MTH105</b>	
<b>Complete the HESI A2 (Program admissions test)</b> (See HESI A2 instructions document)	
<b>BCI and FBI Background Checks</b> (Students must pass the background check to be eligible.)	

## APPLICATION PROCESS

1. Follow the procedures for applying to Stark State College (SSC).
2. Meet with an Admissions Counselor for review of transcripts and advising.
3. Refer to program website for additional information.
4. Complete the HESI A2 exam.
5. Contact SSC security at: <https://www.starkstate.edu/about/security/background-check-information/> to schedule your own BCI and FBI background checks. You will receive an email of verification of eligibility through your Stark State email. Please direct all background questions to the security office.
  - a. If verification of eligibility is not complete prior to application a student can be conditionally accepted into the program with proof of documentation of payment for background check.
6. After application requirements are completed, contact the Program Coordinator to schedule an appointment for your application to be reviewed. Please bring application and background check eligibility e-mail with you to your appointment.

Program Coordinator: Brooke Owen

[Bowen@starkstate.edu](mailto:Bowen@starkstate.edu)

330-966-5458 ext. 5330

***Please check the College website to ensure you are using the most current Checklist Application when applying to the program.***

Student Name Printed:	S#00		
Address:	City:	State:	Zip:
Stark State E-Mail:	Phone:		
Student Signature:	Date:		
<b>FINAL ACCEPTANCE</b>			
Program Coordinator Signature:	Cohort:	Date:	
Assigned Advisor for Pre- Respiratory Care	Email:		
Assigned Advisor for Respiratory Care:	Email:		