



Thank you for inquiring about the University of Kansas Bachelor of Science in Respiratory Care program. We are delighted that you are considering our program and hope that you will join us and our many successful graduates.

KU's Respiratory Care program is among the oldest in the country. We have been educating respiratory care students for over 35 years. Many of our graduates achieve leadership positions in the clinical or the educational setting. The committee on Accreditation of Respiratory Care (CoARC) Programs and its predecessors has continuously accredited us for our entire history. The University of Kansas is also fully accredited by colleges and universities regional accrediting agency. We are among the first BS programs and are a leader in computer access to both continuing education and BS completion programs in Respiratory Care.

According to the Bureau of Labor Statistics, "respiratory care job opportunities are very good...the employment of respiratory therapists is expected to increase faster than the average for all occupations through the year 2012, because of substantial growth in numbers of the middle-aged and elderly population—a development that will heighten the incidence of cardiopulmonary disease."

We are pleased to send you the enclosed information and application materials at your request. Please feel free to contact us with any questions or concerns. In addition, visit our website at [www.respiratorycare.kumc.edu](http://www.respiratorycare.kumc.edu) for more information on the program and the respiratory care profession.

Be Well—Breathe Easy.

Barbara Ludwig, MA, RRT  
Department Chairperson

Paul Mathews, PhD, RRT, FAARC  
Admissions Coordinator

**Respiratory Care Education**

Mail Stop 2007 | 3901 Rainbow Blvd. | Kansas City, KS 66160 | Office (913) 588-4630  
Fax (913) 588-4631 | TDD (913) 588-7963 | [www.respiratorycare.kumc.edu](http://www.respiratorycare.kumc.edu)

**BACHELOR OF SCIENCE IN RESPIRATORY CARE DEGREE-COMPLETION PROGRAM:  
DOMESTIC STUDENT APPLICATION PROCEDURE AND CHECKLIST**

**Application Deadline: Varies**

**Start Date: Fall or Spring semester**

Students are welcome to apply to the program at any time, but in order to allow for sufficient time to process your application, it is recommended that you apply by June 30 (for fall semester) or November 30 (for spring semester). However, please keep in mind that students will have the best opportunity for financial aid if they complete their FAFSA prior to the Feb. 14 priority deadline.

Many of the forms can be filled out on your computer prior to printing and we strongly encourage you to take advantage of this feature. Completing your application on the computer prior to printing will expedite your application by eliminating questions or concerns due to illegible handwriting.

**1 Students need to provide the following items to the KU respiratory care program:**

- |   |  |
|---|--|
| <input type="checkbox"/> <b>KU School of Allied Health Application</b><br>Please complete all fields and sign the form included inside this application packet.                           | <input type="checkbox"/> <b>\$60 Application fee</b><br>Please make payable to "University of Kansas Medical Center". This fee is required whether or not you are currently enrolled at the University of Kansas. Your application will not be processed without the fee. Please do not send cash. |
| <input type="checkbox"/> <b>Proof of RRT Credential</b><br>Please enclose a photocopy of your NBRC-issued Registered Respiratory Therapist card to verify you possess the RRT credential. |  |

**2 These required items are **not provided by the applicant** but must be received by the KU respiratory care program to process the application:**

- Official transcripts**  
One transcript must be sent **directly to KU from each college or university attended**. Students currently enrolled at the University of Kansas must arrange to provide a transcript from KU.
  
  - Three (3) completed recommendation forms**  
Contact three different individuals who can provide a professional recommendation on your behalf. It is preferred that college instructors provide these recommendations but past supervisors during employment or volunteer positions are also acceptable. The recommendations may not be obtained from family members, friends, etc.
- Print three recommendation forms from the application packet. Distribute the forms, giving the individuals who are writing the recommendations enough notice to thoughtfully complete the form before you plan to send in your application. The completed, signed forms must be returned directly to the nuclear medicine technology program director from the person making the recommendation.
- Please provide name and mailing address for your references here:
- |      |                          |                                |
|------|--------------------------|--------------------------------|
|      |                          |                                |
| Name | Position or relationship | E-mail address or phone number |
|      |                          |                                |
| Name | Position or relationship | E-mail address or phone number |
|      |                          |                                |
| Name | Position or relationship | E-mail address or phone number |

<p><b>Mail all application documentation to:</b>                  KU Respiratory Care Education                  Attn: Admissions                  Mail Stop 2007                  3901 Rainbow Blvd.                  Kansas City, KS 66160</p>	<p><b><u>NOTE:</u> This application packet is for domestic students only.</b></p> <p>All required materials must be received before admission to the program. Use the back of this page to briefly explain any item that you did not provide, and return this checklist with the admission packet. Sorry, we cannot process incomplete applications.</p>
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Term (please select one):

Date Received
Date Fee Rec'd
Payment Method

Use Only For KU

## KU School of Allied Health Application for Undergraduate Study

Please carefully enter information into each field and print two copies when complete; keep one for your personal records.

### Personal Information

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	Middle	Last Name	Date of Birth: MM/DD/YYYY
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Preferred Name, if different from above		Other name(s) under which your records might be found	Male <input type="checkbox"/> Female <input type="checkbox"/>
<input type="text"/>	<input type="text"/>		
Social Security Number*		Email Address	
<input type="text"/>		<input type="text"/>	
Home (Current) Address:		Permanent Address (if different from current address):	
<input type="text"/>		<input type="text"/>	
Number and Street		Number and Street	
<input type="text"/>		<input type="text"/>	
City & State		City & State	
<input type="text"/>		<input type="text"/>	
Country	Zip /Postal Code	Country	Zip /Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone Number	Mobile Phone Number	Phone Number	Mobile Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Is English your first language? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, what is your first language? <input type="text"/>			
I am a: <input type="checkbox"/> United States Citizen <input type="checkbox"/> Permanent Resident of United States <input type="checkbox"/> International Student (see below)			
If you selected "International Student" above, please provide citizenship and visa information below.			
Visa Status: Current <input type="text"/>		Requested <input type="text"/>	
		Birthplace (City/Country): <input type="text"/>	
		Country of Current Citizenship: <input type="text"/>	

### Ethnicity

Are you Hispanic or Latino?  
 Yes, I am Hispanic or Latino.  
 No, I am not Hispanic or Latino.

What is your race? Select one or more races.  
 American Indian or Alaska Native  Native Hawaiian or Other Pacific Islander  
 Asian  White  
 Black or African American  Other

NOTE: Disclosure of ethnicity/race information is optional. The University of Kansas has an affirmative action program and is an equal opportunity institution. In order to comply with federal government regulations under Title VI of the Civil Rights Act and Title IX of the Education Amendments, the University seeks voluntary disclosure of information from applicants for reporting purposes only. A decision not to provide this information will not negatively affect decisions on admission, assistantships, or awards.

### Academic Program Information

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Department offering degree	Degree	Academic Program	Academic Plan
Term: <input type="text"/>	<input type="text"/>	Degree Level <input type="checkbox"/>	Non-degree-seeking or special student <input type="checkbox"/>

### Educational Information

Applicants must request one (1) official set of transcripts be sent directly from **each** academic institution attended to the department at KU in which the desired academic program resides. Starting with most recent, please list every higher education institution you have attended. Attach an additional list if needed.

<input type="text"/>	<input type="text"/>	<input type="text"/>
Full Name of College/University	Full Name of College/University	Full Name of College/University
<input type="text"/>	<input type="text"/>	<input type="text"/>
City/State	City/State	City/State
<input type="text"/>	<input type="text"/>	<input type="text"/>
Degree Major	Degree Major	Degree Major
<input type="text"/>	<input type="text"/>	<input type="text"/>
Dates of Attendance (MM/YY)	Date Awarded or Expected	GPA
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
Dates of Attendance (MM/YY)	Date Awarded or Expected	GPA
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
Dates of Attendance (MM/YY)	Date Awarded or Expected	GPA
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
Dates of Attendance (MM/YY)	Date Awarded or Expected	GPA

## Other Information

Please check any which apply to you:

Current KU/KUMC student

Have APPLIED to KU/KUMC before

Have ATTENDED KU/KUMC before

Member of US Armed Forces,  
or a dependent of one

My parents or I have moved to take  
a job in Kansas before I enter KU

If you have been, or currently are, a student of the University of Kansas (any campus) please enter your student ID:

## Residency

For purposes of reporting and analysis, KU is asked to provide student counts by state and county of origin. Please enter information below for what you consider to be your hometown and your place of birth.

Hometown Street Address City & State Country Zip /Postal Code

Place of Birth Street Address City & State Country Zip /Postal Code

Please indicate the high school from which you graduated.

High school name City/State graduation year

Are you currently a resident of the State of Kansas?  Yes  No When did you begin continuously living in Kansas?

Please indicate address when you began continuously living in Kansas:

Street Address City & State Country Zip /Postal Code

If anyone claimed you as a dependent for income tax purposes last year, please indicate name and address:

Name Relationship to you

Street Address City & State Country Zip /Postal Code

## Exam Scores, References and Additional Requirements

Additional information and documentation may be required. Complete all forms included in the application packet for this academic program. Check with the admissions coordinator of the desired academic program for questions about application instructions and requirements.

## Applicant's Signature

I certify that the information given in this application and accompanying documents is complete and accurate, and I understand that submission of incorrect information can be considered sufficient cause for terminating my application or enrollment at the University of Kansas. I hereby grant permission to KU to release applicable personal information, including my social security number, as needed to complete background checks and/or other approval processes for clinical practice. I understand that my admission is conditional upon completion of the background check and that it could provide grounds for rejection of my admission. I further understand and agree that should I be admitted after a background check, that check could be grounds for clinical sites to reject my participation in a clinical training rotation.

Date of Application \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

\*Social Security Number is required for admission into any program at KU Medical Center for background checks required to verify eligibility to work, train and participate in health care settings. Further, it is requested, but not mandatory under K.S.A. 76-725, for maintaining accurate records and servicing accounts.  
If you have a disability and would like to know about KUMC services, write to: University of Kansas Medical Center, Equal Opportunity Office, Mail Stop 2014, 3901 Rainbow Blvd., Kansas City, KS 66160, USA.

## Submit Application

Please print, sign and mail this completed application form with the application fee (and any other materials which may be required) to the **KU department in which your desired academic program resides**. Print a second copy to keep for your records. Incomplete or unsigned applications will not be accepted.

PLEASE DO NOT WRITE BELOW THIS LINE

### DEPARTMENTAL RECOMMENDATION

Admission granted with status (check only one):

Regular  Regular non-degree

Provisional  Provisional non-degree

Date admitted in SAKU

Calculation of cumulative GPA from official transcripts

Do not admit.

Comments/Remarks:

Department Signature \_\_\_\_\_

Date \_\_\_\_\_

**DEPARTMENT OF RESPIRATORY CARE EDUCATION  
SCHOOL OF ALLIED HEALTH, UNIVERSITY OF KANSAS**

\_\_\_\_\_ is an applicant for admission to the University of Kansas School of Allied Health's Department of Respiratory Care Education. Ratings provided by references selected by the applicant play a significant role in our selection process. For the benefit of the applicant, the department and the patients, we would appreciate your objective, honest response to the below questions which will be of great value. Please rank the applicant on each attribute and feel free to amplify and comment in the space provided.

**Overview of desired traits:** The Respiratory Care Practitioner must be able to exercise independent judgement in a rapid and accurate fashion in highly stressful patient care situations. The Practitioner must be adept at both theoretical and technical applications of sophisticated biomedical life support and diagnostic instrumentation while maintaining excellent people skills. The Practitioner must be a good communicator and have a strong interest in the sciences. They must be able to work both under close supervision and as independent individuals.

Keeping in mind the above traits, please rate the applicant on the following points.

RATING SCALE

NEVER      0      1      2      3      4      ALWAYS

**The applicant exhibits:**

1. Good judgement	0	1	2	3	4
2. Willingness to learn	0	1	2	3	4
3. Respect for others	0	1	2	3	4
4. Interest in people	0	1	2	3	4
5. Dependability	0	1	2	3	4
6. Flexibility	0	1	2	3	4
7. Initiative	0	1	2	3	4
8. Good verbal skills	0	1	2	3	4
9. Problem solving skills	0	1	2	3	4
10. Creativity	0	1	2	3	4

**Please check the statements that apply to the applicant:**

1. Reacts well in: \_\_\_\_\_new situations      \_\_\_\_\_stress situations.
2. Is a team:      \_\_\_\_\_worker      \_\_\_\_\_member      \_\_\_\_\_leader.
3. Is a      \_\_\_\_\_self starter      \_\_\_\_\_waits for direction      \_\_\_\_\_waits for orders.
4. Applicant      \_\_\_\_\_seeks      \_\_\_\_\_applies      \_\_\_\_\_finds new knowledge.
5. Has      \_\_\_\_\_well defined goals      \_\_\_\_\_general goals      \_\_\_\_\_interests.

Your Name \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Phone# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Date \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

May applicant see this form?    **YES**      **NO**      Signed \_\_\_\_\_

MAILING ADDRESS:      University of Kansas Medical Center  
 Respiratory Care Education - 4006 DELP  
 3901 Rainbow Boulevard, M S 1013  
 Kansas City, KS 66160

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 \_\_\_\_\_

Phone# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
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 \_\_\_\_\_

Phone# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
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