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How did you hear about this course?

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**Because a person can find it difficult, if not impossible, to obtain a License to practice as a Respiratory Therapist under certain conditions, please answer the following questions.**

1. Have you ever been convicted of a felony or a misdemeanor?  Yes  No
2. Do you have a felony charge pending?  Yes  No If yes on either of these questions, submit an explanation to the Director of the Respiratory Therapy Program.

**On a separate sheet of paper, please answer the following question:**

1. Give your reasons for choosing respiratory therapy as a career.
2. The respiratory therapy courses are very time intensive. What have you done to prepare to meet this schedule?

**Please attach to the application.**

**PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:** 8:00 a.m. - 4:00 p.m.

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

**Falsifying any records pertinent to this application can lead to ineligibility or immediate dismissal from the respiratory therapy program.**

#### IMPORTANT INFORMATION

**I understand that the health care industry requires drug testing upon employment and random testing throughout employment. Also, I understand that the Substance Abuse Policy at NPCC Respiratory Therapy Program may require drug testing during my enrollment for the following reasons: 1) scheduled testing at unannounced designated times throughout the program 2) random testing as required by the clinical agencies or 3) for cause.**

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

Are you applying to more than one health science/nursing program for the summer/fall of 2011?  Yes  No.  
If yes, how many \_\_\_\_ (EX: if you are applying at the NPCC RT and another program, count this as 2).

This information does not influence your admission status – it serves to provide state information regarding number of students interested in pursuing a degree in health science or nursing. Thank you.

National Park Community College does not discriminate on the basis of race, color, national origin, sex or qualified handicap in any of its policies, practices or procedures. This provision includes but is not limited to admissions, employment, financial aid and other educational services. Inquiries regarding Title IX, ADA, and Section 504 should be directed to the Vice President for Student Services in the Gerald Fisher Building (501-760-4203)

**NATIONAL PARK COMMUNITY COLLEGE  
RESPIRATORY THERAPY PROGRAM**

101 College Drive  
Hot Springs, AR 71913

**VERIFICATION OF RECOMMENDATION**

\_\_\_\_\_ has applied for admission to the Respiratory Therapy Program at National Park Community College and has authorized us to contact you for a recommendation concerning his/her admission. We would appreciate your completing this form and returning it to us within five days. Thank you.

How long have you known the applicant? \_\_\_\_\_

In what capacity?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If through employment:

Applicant's Job Title: \_\_\_\_\_

Applicant's major job duties:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you recommend this applicant for training as a practical nurse?

- \_\_\_\_\_ Highly Recommend  
\_\_\_\_\_ Recommend  
\_\_\_\_\_ Recommend, but with reservation  
\_\_\_\_\_ Not Recommend

Do you know of any physical, mental handicaps or health problems which might limit learning, ability or success in the health care field? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant's Name: \_\_\_\_\_

What characteristics do you consider to be the applicant's strength?

What characteristics do you consider to be the applicant's weakness?

Do you have knowledge of problems the applicant has with drug use or legal matters?

Yes \_\_\_\_\_ No \_\_\_\_\_

How do you rate this candidate's ability to work as a member of a team?

Excellent \_\_\_\_\_ Satisfactory \_\_\_\_\_ Poor \_\_\_\_\_

How do you rate this candidate's ability to handle stress?

Excellent \_\_\_\_\_ Satisfactory \_\_\_\_\_ Poor \_\_\_\_\_

Please give your appraisal of the applicant in terms of the qualities listed below by checking the appropriate spaces.

Qualifications	Superior	Good	Fair	Poor	No Basis for Judgment	Comments
Intellectual Ability						
Dependability						
Emotional Stability						
Attitude						
Motivation						
Ability to work with others						
Ethical Behavior						
Self Confidence						
Maturity						
Initiative						

Please use the space below for additional comment.

Name of person verifying recommendation: \_\_\_\_\_

Phone number \_\_\_\_\_ Date \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_  
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Dependability						
Emotional Stability						
Attitude						
Motivation						
Ability to work with others						
Ethical Behavior						
Self Confidence						
Maturity						
Initiative						

Please use the space below for additional comment.

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Phone number \_\_\_\_\_ Date \_\_\_\_\_