

**ST. JOHNS RIVER STATE COLLEGE
RESPIRATORY CARE PROGRAM
SUPPLEMENTAL APPLICATION FOR ADMISSION SPRING 2023**

APPLICATION PERIOD FOR SPRING 2023

August 1st, 2022 – October 15th, 2022

Send applications to: Allied Health – Respiratory Care, Attn: Allied Health

2990 College Dr., St. Augustine, FL 32084

Phone: (904) 808-7465 Fax: (904) 808-7470 Email: alliedhealthprogram@sjrstate.edu

Date: ____/____/____

St. Johns River State College Student ID: _____

Date Received:

Time:

Used as a tiebreaker.

Name:

(Last)

(First)

(Middle)

(Other Name Used)

Permanent Mailing Address: (Street Address) _____

(City)

(County)

(State)

(Zip)

**Proof of residency is
required for residency
points!**

Telephone:

() _____
(Home)

() _____
(Work/Cell)

(SJR State Email Address)

***Other Email Address:

Person to be Notified in Case of an Emergency:

Name _____

Relationship _____

Address _____

City _____ State _____ Zip _____

Home Telephone () _____ Work Telephone () _____

Each candidate must satisfy the following requirements to be considered for admission to the Respiratory Care Program:
(Please check all that apply)

- I have completed the application process to St. Johns River State College.
- I have achieved satisfactory scores on college placement tests or have completed all college preparatory courses.
- I have or will complete the 8 pre-requisite courses by the end of the Fall 2022 semester with grades of "C" or better.

NOTE: This application is valid for the current application period August 1st – October 15th, 2022 only. Falsification of any part of this form will be grounds for denial of admission.

Prerequisites* 108 possible points	Course Title	Credits	Letter Grade	Point Calculation # Credits times A=4, B=3, or C=2	College/University Where Course Was Taken
	See example to the right →	3	A	3 Credits x 4 points = 12	College Name
MCB 2010	Microbiology	3			
MCB 2010L	Microbiology Lab	1			
BSC 2085	Human Anatomy & Physiology I	3			
BSC 2085L	Human Anatomy & Physiology I Lab	1			
BSC 2086	Human Anatomy & Physiology II	3			
BSC 2086L	Human Anatomy & Physiology II Lab	1			
ENC 1101	Composition I	3			
CGS 1100	Microcomputer Applications	3			
Insert course below	General Education Social Science	3			
Insert course below	General Education Humanities	3			
Insert course below	General Education Mathematics	3			
		27	Total		

*Any course that has a different course number from those listed requires that a graduation substitution request be approved. See a Career and Technical Education Advisor for assistance.

Degree Points: AA/AS Degree= 5 points, BA/BS Degree=10 points, MA/MS Degree=15 points (Choose only 1)	Insert ⇒	Return application and attachments to: St. Johns River State College Respiratory Care Program Attn: Allied Health 2990 College Drive St. Augustine, FL 32084 Email: AlliedHealthProgram@sjrstate.edu
Prerequisite courses taken at SJR State Course (2 pts per course) Microbiology + Lab = 1 course – Max 16 points	Points ⇒	
Resident of Clay, Putnam, St. Johns County <i>Attach copy of Driver's license or Voter's registration*</i>	IF, YES ⇒ Insert 15	
Points for Completion of HSC 1004 Professions of Caring: A=6 points, B=4 points, C=2 points	Points ⇒	
Total Points (Include Course/Grade Points)	⇒	

Selection Criteria – This is a limited access program. Access to the program is limited to the number of appropriate clinical site positions available. Qualified students with the highest total number of points will be accepted to the program until all clinical site positions are filled. Several students with the next highest number of points will be notified that they are alternates, and eligible to enter the program if an accepted student chooses not to begin the core program.

Note: All students will receive notification on their St. Johns River State Viking email in reference to their status with the program regardless of being accepted, an alternate, or declined for any reason.

SJR STATE COLLEGE NON-DISCRIMINATION STATEMENT St. Johns River State College, an equal access institution, prohibits discrimination in its employment, programs, activities, policies, and procedures based on race, sex, gender, gender identity, age, color, religion, national origin, ethnicity, disability, pregnancy, sexual orientation, marital status, genetic information, or veteran status. Questions pertaining to education equity, equal access or equal opportunity should be addressed to the College Title IX Coordinator/Equity Officer: Charles Romer, Room A0173, 5001 St. Johns Avenue, Palatka, FL 32177; (386) 312-4074; CharlesRomer@sjrstate.edu. Anonymous reporting is available at SJRstate.edu/report. Inquiries/complaints can be filed with the Title IX Coordinator/Equity Officer online, in person, via mail, via email or with the US Department of Education, Office of Civil Rights, Atlanta Office, 61 Forsyth St. SW Suite 19T10, Atlanta, GA 30303-8927.

SJR STATE COLLEGE DECLARACIÓN DE NO DISCRIMINACIÓN St. Johns River State College, una institución de igualdad de acceso, prohíbe la discriminación en su empleo, actividades, políticas y procedimientos por motivo de raza, sexo, género, identidad de género, edad, color, religión, origen nacional, etnia, discapacidad, el embarazo, orientación sexual, estado civil, información genética, o estatus de ser veterano/a. Preguntas relativas a la equidad educativa, igualdad de acceso, o igualdad de oportunidades deben dirigirse al Coordinador del Título IX: Charles Romer, Oficina A0173, 5001 St. Johns Avenue, Palatka, FL 32177; (386) 312-4074; CharlesRomer@SJRstate.edu. Una denuncia anónima está disponible a SJRstate.edu/report. Las consultas o quejas se pueden presentar ante el Coordinador del Título IX en línea, en persona, por correo, por correo electrónico o con el Departamento de Educación de los Estados Unidos, Oficina de Derechos Civiles, Oficina de Atlanta, 61 Forsyth St. SW Suite 19T10, Atlanta, GA 30303-8927.

List what courses, if any, you are enrolled in for the Fall 2022 semester.

Yes	No	(Initial Your Response for Each Question)
_____	_____	Is a copy of your unofficial transcripts attached?
_____	_____	Is proof of residency attached? (REQUIRED FOR THE (15) RESIDENCY POINTS)
_____	_____	Has the college/university for each course been identified above?
Date: _____		Student Signature: _____