Admission Criteria
Students interested in the RESPIRATORY THERAPY Program are admitted to the college on the same basis as other students, but admission to the college does not ensure admission into the Respiratory Therapy Program. Selection into the Respiratory Therapy Program is based on the following factors:

1. Previous academic record: (high school) and college grades in Prerequisite courses.
2. Two personal references: from former instructors or employers.
3. Interview with a clinical instructor at one of the clinical education centers: to be scheduled through the Health Science Program Assistant.
4. TEAS Test to be scheduled - See Page 7 of this packet.
5. General education courses that satisfy the Associate in Applied Science Respiratory Therapy Degree requirements should be completed prior to beginning the program.
6. Submit to a criminal background check.
7. Upon acceptance, satisfactory physical evaluation, verified by a physician (including immunization records).

This packet provides all the necessary application information for prospective students planning to attend Labette Community College’s Respiratory Therapy Program.

Last Day Applications May be Requested: July 9, 2015

Applications must be completed by: July 16, 2015

Mission Statement
The Respiratory Therapy Program at Labette Community College is committed to providing maximum opportunities at each level of achievement, to encourage the development of problem solving and decision making skills, to employ competent technical practices that will support the highest level of ethical patient care, commitment to professional growth, lifelong learning, and civic engagement.
RESPIRATORY THERAPY

Application Process

1. Completion and submission of the application for admission to the Respiratory Therapy Program to the Respiratory Therapy Department.
2. The student sends high school and college transcripts and letters of reference to the Respiratory Therapy Department.
3. The student will schedule to take the TEAS Test—See Page 7 of this packet.
4. Labette Community College’s Respiratory Therapy Program will carefully evaluate applicant’s existing knowledge base in subject areas such as Mathematics and Science. Applicants lacking (prerequisite) competence in these areas will be counseled for appropriate remediation prior to program acceptance.
5. The student observes a Respiratory Therapy department in one of the affiliated hospitals for four hours and has an interview with the clinical instructor. The interview will include an evaluation of the prospective student’s technical skills. Students must meet hospital regulations regarding appropriate dress, tattoos and body piercings.
6. The student’s file will be reviewed by the program officials for completion and objective evaluation.
7. Before final consideration is given to a student’s application for admission, the student must submit a completed physical examination form (including immunization records). This form indicates that the prospective student is qualified for entry into LCC’s Respiratory Therapy Program and the Health Care environment. According to the nature of the work required in the Respiratory Therapy Program, the applicant must be able to:
   a. Reach, manipulate, and operate equipment as necessary for respiratory care.
   b. Move, manipulate, and observe a patient as necessary for respiratory care.
   c. Carry and or lift up to 50 pounds
   d. Visually assess patient’s medical test results and the working environment to correctly decide the appropriate action to take for the benefit of the patient.
   e. Clearly communicate, both verbally and in writing, with the patient, family, personnel, and others; disseminate information relevant to patient care and work duties; and hear to accurately gather information relevant to patient and work duties.
   f. Make appropriate judgment decisions in an emergency or where a situation is not clearly governed by specific guidelines.
   g. Utilize routine and non-routine decision-making processes, in the daily execution of didactic and clinical assignments, as they relate to day-to-day interaction with patients, staff, family and others.
8. Students will then receive notification of acceptance or non-acceptance.
10. Must submit to a criminal background check. The incurred cost of the background check will be the applicants responsibility.

To Complete the application for the National Board of Respiratory Care Examination, the Question, “have you ever been convicted of a felony or misdemeanor” Yes____ No _____, must be asked and answered. **Falsification of information is grounds for dismissal from the program.** (NOTE: A conviction of, a plea of guilty to, or a plea of nolo contendere to an offense constitutes a conviction for N.B.R.C. purposes.)

**If you answered “YES”, provide explanation and official documentation.** If, at any time during your attendance in the Program the answer changes to “YES”, it is your responsibility to inform the Program Director.
11. Obtain American Heart Association Healthcare Provider C.P.R. certification upon entering the program.
COMMON QUESTIONS ABOUT THE PROGRAM

1. How long is the Respiratory Therapy Program and what are the hours?

   Classes begin in August of each year. Students attend classes and/or clinicals year-round. Beginning with the spring semester, students will be at the Clinical Education Center two-three days a week for 12 hours each day, and will have classes at LCC the other days of the week. Clinicals will not be held during the summer semester. This schedule will last throughout the twenty-two month program.

2. How much does it cost?

   The approximate cost is $7,000-$8,000 for instate tuition and fees, and out of state tuition and fees will be approximately $8,000-$9000. Textbooks for the program will cost approximately $1,000.00 for the first year and approximately $700.00 for the second year. You will also need to purchase Uniforms for the program at approximately $350.00. There will also be expenses for traveling to and from LCC and to and from the Clinical Education Centers.

3. How much money does a Respiratory Therapist make?

   Approximately $30,000-$35,000 a year for a new graduate in this area. Salaries will vary with location and training.

4. Can I work while enrolled in the program?

   Students are encouraged NOT to work due to the tremendous work load (clinical/course work) during the first year. If a student must work they are encouraged to limit employment to a part-time basis (no more than 16 hours per week).

5. Are there any degree pre-requisites that need to be completed before starting the program?

   Yes, they are English Comp I; English Comp II or Business Communications; General Psychology or Developmental Psychology; College Algebra or higher math; Anatomy & Physiology; Intro to Chemistry; Medical Terminology and Computer Elective.

6. How can I best prepare for this program?

   a. Be prepared to devote a lot of time to your studies and clinical training.
   b. Be prepared to travel to designated clinical sites every semester. We are affiliated with 20 clinical education centers located throughout Southeast Kansas, Northeast Oklahoma and Western Missouri. Students are assigned to a new clinical site each semester.
   c. Transportation is very important. Be prepared to have means of reliable transportation to and from clinical sites/classes.
   d. Be prepared to have a budget outlined for various expenses (tuition, uniforms, registry exam fee, certification fee, liability insurance, transportation, books, graduation).
REQUEST FOR TRANSCRIPT

I have made application for admission to Labette Community College’s Respiratory Therapy Program and herewith request that you send a transcript of my record directly to:

Director of Respiratory Therapy
Labette Community College
200 South 14th Street
Parsons, KS  67357

The following information may assist you in locating my records:

Birth date: ____________________________

Dates of Attendance: ______________________

Social Security Number: ______________________

If there is a charge for this service, please communicate with the undersigned not with Labette Community College.

____________________________________
Student’s Signature
Send to All Previous Colleges Attended:
LCC transcripts can be accessed by Health Science Program Assistant

REQUEST FOR TRANSCRIPT

__________________________________________
Date

Admission’s Office

__________________________________________
Name of High School, College or University

__________________________________________
City                                    State                Zip

I have made application for admission to Labette Community College’s Respiratory Therapy Program and
herewith request that you send a transcript of my record directly to:

Director of Respiratory Therapy
Labette Community College
200 South 14th Street
Parsons, KS  67357

______________________________________________________
First                            Middle                      Last                Maiden

______________________________________________________
Number and Street Address

______________________________________________________
City                                                   State                         Zip

The following information may assist you in locating my records:

Birth date: ____________________________

Dates of Attendance: ____________________________

Social Security Number: ____________________________

If there is a charge for this service, please communicate with the undersigned not with Labette Community
College.

__________________________________________
Student’s Signature
Clinical Education Setting Visitation
(Hospital Visit)

The Clinical Education Center visit is designed to give the prospective student an in-depth look at the operations of a Respiratory Therapy Department on a day-to-day basis. This visit will also allow the student to ask any questions about the profession.

The visits are Monday through Friday from 8:00 a.m. to 12:00 noon. To schedule a Clinical Education Center visit, contact the Health Science Program Assistant.

Deadline: July 16, 2015.

Call (620) 820-1157 To Schedule Appointments

Letter of Intent

In addition to the enclosed forms, the intended applicant must submit a letter of intent, to the attention of the Respiratory Therapy Program Director. The letter should be from one paragraph to a page in length stating why the applicant wishes to be admitted into the Respiratory Therapy Program at Labette Community College.

Deadline: July 16, 2015.
# Assessment Exam

## LCC Health Science Programs

### TEAS Exam Dates for 2015 Applicants

<table>
<thead>
<tr>
<th>Test Time</th>
<th>Test Time</th>
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<tbody>
<tr>
<td>1:00 P.M. to 5:00 P.M.</td>
<td>8:00 A.M. to 12:00 P.M.</td>
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</tbody>
</table>

### EARLY BIRD TEST DATES

**FOR 2015 APPLICANTS**

**OPEN TO ALL HEALTH SCIENCE PROGRAM APPLICANTS**

| Test location—Sonny and Sophia Zetmeir Health Science Building, Z209 |
| Test location—Sonny and Sophia Zetmeir Health Science Building, Z209 |
| Wednesday, November 19, 2014 | Friday, December 5, 2014 |

### TEST DATES

**PLEASE NOTE:** Test dates below are open to all health science program applicants except for the two dates marked “Nursing Only”. They are reserved for Nursing Program applicants.

| Test location—Sonny and Sophia Zetmeir Health Science Building, Z209 |
| Test location—Sonny and Sophia Zetmeir Health Science Building, Z209 |
| Monday, January 5, 2015 | Friday, January 9, 2015 |
| Thursday, January 15, 2015 | Tuesday, January 13, 2015 |
| Thursday, January 22, 2015 | Thursday, January 29, 2015 |
| Monday, February 9, 2015 **Nursing Only** | Friday, February 6, 2015 **Nursing Only** |
| Friday, February 27, 2015 | Thursday, February 26, 2015 |
| Monday, March 9, 2015 | Thursday, March 5, 2015 |

1. Complete your login on the ATI website ([www.atitesting.com](http://www.atitesting.com)) prior to your test date. Select **Labette ADN** when setting up your file.

2. **NEW STEP** Go to [www.atitesting.com](http://www.atitesting.com) to schedule your test date and pay for the TEAS exam. **Instructions are on LCC Health Science Program websites. For additional assistance, please contact ATI.**

3. Bring your user name and password to the testing.

**TEAS scores will not be accepted after the program application deadline.**

---

This is a proctored exam and must be prescheduled and prepaid to secure a seat. **Seating is limited.** We recommend you take the exam as early as possible to ensure you have an opportunity if you choose to retest. **Cost is $61.00 per test.**
LABETTE COMMUNITY COLLEGE  
RESPIRATORY THERAPY PROGRAM  
2015 APPLICATION FORM

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Name/Initial</th>
<th>Maiden Name</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Date of Birth</th>
<th>Social Security Number</th>
<th>Student ID Number</th>
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<table>
<thead>
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<table>
<thead>
<tr>
<th>Home Phone #</th>
<th>Cell Phone #</th>
<th>E-mail address</th>
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</table>

Person to contact in case of an emergency: ____________________________  
Phone number: ________________________________________________________

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<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
</tr>
</thead>
</table>

Civil Rights Information: Please check the category that best applies to you. (Collected in compliance with the 1964 Civil Rights Act.)  
1 ____ Native American Indian  2 ____ African American  3 ____ Asian American  
4 ____ Hispanic American  5 ____ Caucasian American  6 ____ International

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<tr>
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<thead>
<tr>
<th>Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

High School or GED Site:  
Name: ____________________________  
City: ____________________________  
State: ____________________________

Colleges Attended:  
Name: ____________________________  
City: ____________________________  
State: ____________________________

Name: ____________________________  
City: ____________________________  
State: ____________________________

Name: ____________________________  
City: ____________________________  
State: ____________________________

Please indicate the grade you received in Pre-Requisites you have taken:  
Communications _______ Gen. Psy. or Dev. Psy. _______ Intro to Chemistry _______

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
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</table>

Labette Community College Respiratory Therapy Program is accredited by the Commission on Accreditation for Respiratory Care.

Labette Community College is committed to a policy of educational equity. Accordingly, the College admits students, grants financial aid and scholarships, and conducts all educational programs, activities, and employment practices without regard to an individual's race, color, religion, sex, sexual orientation, national origin, age, marital status, ancestry, or disabilities. Any person having inquiries concerning the College’s compliance with regulations implementing Title VI, Title VII, Title IX, or Section 504 of the Rehabilitation Act of 1973 is directed to contact the Director of Human Resources, Janice Every, Labette Community College, Parsons, KS 67357, telephone 620-421-6700.
1. What have you done to prepare yourself for a college career, and what personal qualities do you possess which will help you succeed in college?

2. What goals have you set for yourself, and how do you plan to obtain them? If relevant, explain in terms of a planned major; if not, describe in terms of general educational plans.
A Note Regarding References and the Clinical Education Center Interview

All References and the Clinical Education Center Interview Form must be returned to the Respiratory Therapy Program by the Reference, or the Clinical Instructor, not the Student. When delivering the form to your Reference or Clinical Instructor, please be respectful of their part in your application process and include a stamped envelope addressed to:

Director of Respiratory Therapy
Labette Community College
200 S. 14th Street
Parsons, KS 67357

Please ask them to initial the seal of the envelope before putting it in the mail.

*References or Interview Forms that are hand delivered by the student will not be accepted for the application.*
Prospective Student Reference Form

Applicants Name

I waive my right to view this reference form: Yes No

On a scale of 1 to 5, with 1 being the lowest possible rating and 5 being the highest, please rate the applicant above. Return this form directly to the Respiratory Care Program.

<table>
<thead>
<tr>
<th>PERSONAL QUALITIES</th>
<th>POOR</th>
<th>AVERAGE</th>
<th>EXCELLENT</th>
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<tbody>
<tr>
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<td>Emotional Stability</td>
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<td>Honesty</td>
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<td>Punctuality</td>
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<td>Leadership</td>
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<tr>
<td>Manual Dexterity</td>
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<tr>
<td>Organization</td>
<td>1</td>
<td>2</td>
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What is your relationship with the applicant: __________________________________________________

Would you endorse this applicant as a candidate for a health care team? __________________________

Comments about the applicant________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

__________________________________________  __________________________  ________________
Signature                        Title                      Date
Prospective Student Reference Form

Applicants Name

I waive my right to view this reference form: Yes No

On a scale of 1 to 5, with 1 being the lowest possible rating and 5 being the highest, please rate the applicant above. Return this form directly to the Respiratory Program.

**PERSONAL QUALITIES**

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**APTITUDE AND SKILLS**

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<td>3</td>
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</table>

What is your relationship with the applicant: ________________________________

Would you endorse this applicant as a candidate for a health care team? ____________________________

Comments about the applicant:

_________________________________________________________________________________________

_________________________________________________________________________________________

_________________________________________________________________________________________

_________________________________________________________________________________________

Signature                    Title                    Date
LABETTE COMMUNITY COLLEGE
RESPIRATORY THERAPY PROGRAM
CLINICAL EDUCATION CENTER INTERVIEW FORM

<table>
<thead>
<tr>
<th>Name of Applicant</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Site</td>
<td>Interviewer</td>
</tr>
</tbody>
</table>

EVALUATION SCALE 3 – Outstanding, 2 – Acceptable/Good 1 - Unacceptable

<table>
<thead>
<tr>
<th>Evaluation Scale</th>
<th>Score</th>
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<tr>
<td>Conversational Ability</td>
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<tr>
<td>Alertness</td>
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<tr>
<td>Drive</td>
<td>1</td>
</tr>
<tr>
<td>Appropriate Technical Standards</td>
<td>2</td>
</tr>
</tbody>
</table>

**HOW MUCH KNOWLEDGE OF THE FIELD DO THEY SHOW?**

Would you recommend this student for your site? ___________________________

If no, please explain why not. ___________________________________________

This Form must be returned to LCC by July 16, 2015
STATEMENT OF CONFIDENTIALITY

I, the undersigned as a prospective student of the Respiratory Therapy Program at Labette Community College, understand that I am assigned to the Respiratory Therapy Department of (Clinical Education Setting) for observation and that all information concerning patients is to be treated as “confidential.” Patient information is NOT to be discussed with anyone outside the confines of the Respiratory Therapy Department. I understand that disregard for the above statements or any violation on my part will jeopardize my acceptance into the program.

_____________________________  __________________________
Student Signature                    Date
INSTRUCTIONS FOR OBTAINING YOUR BACKGROUND CHECK FOR A CLINICAL EDUCATION PROGRAM

Labette Community College Respiratory

Background checks are required on incoming students to insure the safety of the patients treated by students in the clinical education program. You will be required to order your background check in sufficient time for it to be reviewed by the program coordinator or associated hospital prior to starting your clinical rotation. A background check typically takes 3-5 normal business days to complete. The background checks are conducted by PreCheck, Inc., a firm specializing in background checks for healthcare workers. Your order must be placed online through StudentCheck.

Go to [www.mystudentcheck.com](http://www.mystudentcheck.com) and select your School and Program from the drop down menus for School and Program. It is important that you select your school worded as Labette Community College Respiratory Care.

Complete all required fields as prompted and hit Continue to enter your payment information. The payment can be made securely online with a credit or debit card. You can also pay by money order, but that will delay processing your background check until the money order is received by mail at the PreCheck office. Texas residents will pay $53.58 and New Mexico residents will pay $53.09. Residents in all other states will pay $49.50. For your records, you will be provided a receipt and confirmation page of the background check performed through PreCheck, Inc.

PreCheck will not use your information for any other purposes other than the services ordered. Your credit will not be investigated, and your name will not be given out to any businesses.

FREQUENTLY ASKED QUESTIONS:

- Does PreCheck need every street address where I have lived over the past 7 years? No. Just the city and state.
- I selected the wrong school, program, or need to correct some other information entered, what do I do? Please email [StudentCheck@PreCheck.com](mailto:StudentCheck@PreCheck.com), with the details.
- How long does the background check take to complete? Most reports are completed within 3-5 business weekdays.
- Do I get a copy of the background report? Yes. Log into [www.mystudentcheck.com](http://www.mystudentcheck.com) and click on “Check Status”, and enter your SSN and DOB. If your report is complete, you may click on the application number to download and print a copy. This feature is good for 90 days after submittal. After 90 days, you will be charged $14.95 for a copy of your report, and will need to contact PreCheck directly to request this.
- I have been advised that I am being denied entry into the program because of information on my report and that I should contact PreCheck. Where should I call? Call PreCheck’s Adverse Action hotline at 800-203-1654. Adverse Action is the procedure established by the Fair Credit Reporting Act that allows you to see the report and to dispute anything reported.

If you need further assistance, please contact PreCheck at [StudentCheck@PreCheck.com](mailto:StudentCheck@PreCheck.com).
Health Science Program applicants are expected to truthfully and accurately share any information related to their criminal history—information collected by criminal justice agencies concerning individuals, and arising from the initiation of a criminal proceeding, consisting of identifiable descriptions, dates and notations of arrests, indictments, information or other formal criminal charges and any dispositions arising therefrom—as part of the application and enrollment process. Current students are expected to notify their respective program director if any change in their criminal history occurs while enrolled in an LCC Health Science Program.

Please review the disclosure statement included in the program application packet and sign below indicating the following:

1. I have truthfully and accurately reported my criminal history and pending charges (if any) to the LCC Respiratory Therapy Program Director.

2. I understand that my criminal history may impact progression in the LCC Respiratory Therapy Program, and/or ability to be licensed/certified in my field of study.

3. I agree to notify the LCC Respiratory Therapy Program Director if a change in my criminal history occurs while attending the LCC Respiratory Therapy Program.

4. The LCC Respiratory Therapy Program for which I am applying has informed me of the state licensure/certification requirements for that program.

I, ____________________________________________, have read and understand that completing a criminal background check is required as part the application process for the LCC Respiratory Therapy Program, and to participate in education courses that include clinical placement.

I authorize Labette Community College to release the results of any criminal background check to any site where I will be placed for any legitimate educational purpose and I waive my privacy rights under the Family Educational Rights and Privacy Act (FERPA) and consent to a background check for this limited purpose.

**I hereby release Labette Community College from any liability in the event:**

- I am not cleared for placement by the clinical sites and therefore, cannot continue in the program.
- I am unable to obtain the necessary credits to continue in the program due to a criminal charge or conviction that occurred after being accepted into the program.
- I am unable to obtain licensure/certification in my field of study due to adverse results on a criminal background check.

I understand that I cannot be guaranteed placement at a clinical site and if I cannot complete the clinical requirements, I will not be able to graduate from the program.

Print Name: ____________________________________________________________

Signature: ___________________________ Date: ___________________________

Please submit this signed form as part of your application to the LCC Respiratory Therapy Program.

Contact the Health Science Program Director for information and direction to the appropriate agency for questions regarding criminal history and licensure/certification.
Please call us if you have questions!!

Kara McIlvain, B.S., RRT
Program Director
(620) 820-1160
KaraM@labette.edu

Jennifer Harding, B.S., RRT
Clinical Coordinator
(620) 820-1161
JenniferK@labette.edu

Hannah Jack
Health Science Programs’ Assistant
620-820-1157
HannahJ@labette.edu

Labette Community College
200 South 14th Street
Parsons, KS 67357

Fax: 620-421-1539