



Respiratory Care Program
Application for Admission for Change of Area
 For Current NCC Students Only
 Students who have never attended NCC must apply through
 the [Admissions Office](#).

Email Completed Applications To: **Patricia.Goodwin@ncc.edu**

OFFICE USE ONLY:		
Date Submitted:	_____	
Received	<input type="checkbox"/> By Hand	<input type="checkbox"/> Email <input type="checkbox"/> Mail
Remedial Status Confirmed	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Transcript(s) Submitted	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hospital Visit Confirmed	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Video Viewing Confirmed	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Minimum Req. Met:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Interview Scheduled for:	_____	
<input type="checkbox"/> Application Returned/Incomplete		

Name of Candidate: _____
 Email: _____ Banner ID#: NOO _____
 Street Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone _____ Work Phone: _____ Cell Phone: _____
 High School Attended: _____ Year of HS Graduation: _____
 Current NCC Area of Concentration: _____
 Total NCC Credits to Date: _____ Current NCC Cum.: _____

Other Colleges Attended: None or list below
 ATTACH UNOFFICIAL COPIES OF ALL COLLEGE TRANSCRIPTS, INCLUDING NCC

Other College(s) Attended Attach Transcript and Degree Evaluation	Total Credits	CUM	Degrees Held

ADMISSION REQUIREMENTS COMPLETED: *Submit Unofficial Copies of Transcripts of All Coursework*

SUBJECT	REQUIREMENT	GRADE	Institution	DATE
Math	Two years of pre-college math (May Substitute NCC MAT 109)			
Biology	High School Biology or college equivalent (e.g., Bio 101, or AHS 131)			
Chemistry	High School Chemistry or college equivalent (e.g., CHE 107)			

Candidate Verifications: (Check appropriate boxes and sign to verify statements.)

Remedial Courses: None were required as a result of NCC placement exam; **OR** All required courses successfully completed.

View the [Life and Breath—A Presentation of the Respiratory Therapy Career Video](#): Viewed Video

Observation Experience: Observation experience will be waived for 2021 application.

Candidate's signature verifying statements:

Name: _____ Signature: _____ Date: _____



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SPECIAL NOTICE

For currently enrolled Non-Degree students seeking admission to Respiratory Care
In addition to completing the above, the following documents must be submitted to the
Office of the Registrar by the application deadline:

1. Official high school transcript (if not previously submitted to Registrar)
 2. Official transcripts from ALL colleges previously attended (if not previously submitted to Registrar)
 3. Students with international academic transcripts must submit a course-by-course credential evaluation by WES.org or IES.AACRAO.org.
 4. Official AP/IB scores or CLEP exam if you have previously taken these tests or exam.
 5. Review of transfer credits form for students with college credits.
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Candidate Statement

(Optional)

In the space below, candidates may enter a typewritten statement (maximum length, 1 page) describing why they desire to enter the profession of respiratory care. Neither candidate statements nor letters of recommendation are required as part of the application