

Application for Admission
Deadline is _____

\$25.00 Admission fee must accompany application.

*Please order ALL transcripts.

St. Mary's/Marshall University
School of Respiratory Care

Have you ever attended MU? Yes _____ No _____

Have you ever applied to St. Mary's? Yes _____ No _____

Applicant Name _____
Last First Middle

Academic year for which you are applying _____

St. Mary's Medical Center

Our Vision Continues

This check list is provided to assist you in insuring your application is complete. Please fill in the boxes at the right as you complete the application.

1. Application fee enclosed \$25.00 (Non-refundable)

2. All transcripts (official copies) have been requested to be sent to St. Mary's and Marshall University
 - A. High School
 - B. Marshall University
 - C. All other institutions

3. Application completed and sent to
 - A. St. Mary's
 - B. Marshall University

4. ACT/SAT scores requested to be sent to
 - A. St. Mary's
 - B. Marshall University

5. GED certificate sent to
 - A. St. Mary's
 - B. Marshall University

6. All sections of the application are completed (Incomplete applications will not be considered)

7. All sections requiring a signature and date have been signed and dated

2900 FIRST AVENUE
HUNTINGTON, WV 25702

This form must be filled out completely and returned promptly to the Office of Admissions.
Date: _____

Name: _____
Last First Middle

Other name under which a high school or college transcript may be listed:

Permanent Address: _____
Street

City County State Zip Code
Social Security Number: _____ - _____ - _____ Telephone Number () _____
Area Code

Are you a U.S. Citizen? Yes ___ No ___ If you are not a citizen, are you an alien lawfully authorized to attend school in the U.S.? Yes ___ No ___

EDUCATION:

NAME AND ADDRESS OF SCHOOL	Circle Last Year Completed 9 10 11 12	Did You Graduate Yes/No	Course or Degree	Year Last Attended
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High School _____

Street Address _____

City,State,Zip _____

Have you EVER attended Marshall University? Yes ___ No ___

Note: (You must request an official transcript)

Other College(s) Attended:

NAME AND ADDRESS OF SCHOOL	Circle Last Year Completed 1 2 3 4	Did You Graduate Yes/No	Course or Degree	Year Last Attended
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Name: _____

Street Address _____

City,State,Zip _____

Official transcript requested

(EDUCATION CONTINUED)

NAME AND ADDRESS OF SCHOOL	Circle Last Year	Did You Graduate	Course or Degree	Year Last Attended
	Completed			
	1 2 3 4	Yes/No	_____	_____

Name: _____

Street Address: _____

City, State, Zip _____

Official transcript requested

NAME AND ADDRESS OF SCHOOL	Circle Last Year	Did You Graduate	Course or Degree	Year Last Attended
	Completed			
	1 2 3 4	Yes/No	_____	_____

Name: _____

Street Address _____

City, State, Zip _____

Official transcript requested

Do you have a **GED**? Yes _____ No _____ If yes, Date Obtained: _____

Certificate Number and State: _____

Have you taken the ACT/SAT test? Yes	No	NOTE: Send Scores to St. Mary's and MU
Were scores sent to St. Mary's ? Yes	No	
Were scores sent to Marshall ? Yes	No	

EMPLOYMENT: List most recent first

	FROM	TO
	Month/Year _____/____	Month/Year _____/____
Name of Company/Institution _____		

Reason for Leaving: _____

Position(s) Held: _____

Street Address: _____

City _____ State _____ Zip Code _____

Telephone (____) _____ Name of Last Supervisor _____

Type of Business _____

Briefly summarize experience gained. Include special training you received. _____

Employment continued:

FROM TO
Month/Year ____/____ Month/Year ____/____
Name of Company/Institution _____
Reason for Leaving: _____
Position(s) Held: _____
Street Address: _____
City _____ State _____ Zip Code _____
Telephone (____) _____ Name of Last Supervisor _____
Type of Business: _____
Briefly summarize experience gained. Include special training you received: _____

FROM TO
Month/Year ____/____ Month/Year ____/____
Name of Company/Institution _____
Reason for Leaving: _____
Position(s) Held: _____
Street Address: _____
City _____ State _____ Zip Code _____
Telephone (____) _____ Name of Last Supervisor _____
Type of Business _____
Briefly summarize experience gained. Include special training you received.____

PLEASE USE THE SPACE BELOW AND ON BACK OF PAGE TO EXPLAIN PERIODS OF UNEMPLOYMENT

PROFESSIONAL CONDUCT

The St. Mary's/Marshall University Cooperative School of Respiratory Care strongly supports the standards of the respiratory care profession and the West Virginia Board of Respiratory Care regarding the need for respiratory care students and professional respiratory practitioners to be person of good moral character who demonstrate professional behaviors. Applicants are advised that their conduct before and after submitting their application to the school will be considered in the admission process. Students are advised that their conduct while students both on and off campus could result in dismissal from the program.

Have you ever pled guilty or "no contest" (nolo contendens) to, or been convicted of, violating any law, with the exception of minor traffic violations?

PLEASE CIRCLE "YES" OR "NO" .

If yes, attach a description and explanation of your prior conviction history, including date of conviction, court, and details of each violation.

NOTE: Disclosure of a criminal record does not automatically disqualify you from admission consideration.

Signature of Applicant

Date

DRUG AND ALCOHOL TESTING

St. Mary's/Marshall University Cooperative School of Respiratory Care has adopted and enforces a Drug and Alcohol policy for all participants in its clinical program.

The School may require students to submit to a drug test during clinical training upon reasonable suspicion or cause. In addition, the School may impose random drug testing for students undergoing treatment and/or rehabilitation for substance abuse who are participating in safety sensitive training, including but not limited to clinical training, externships and internships.

This policy also prohibits the use, possession, transportation, sale or distribution of alcohol or other non-medically prescribed controlled substances in the School or during school sponsored functions or activities. It further prohibits students from attending class or other school sponsored functions or activities while under the influence of alcohol or other non-medically prescribed controlled substances. The terms "School" and "school sponsored functions" broadly include the School premises, classes, parking lots and all situations where a student is representing the School in their capacity as a student.

The School expects excellence in the performance of all its students. If you believe a prescription drug prescribed by your physician may affect your performance, you should consult the Director of the School. The School reserves the right to review a student's drug or controlled substance use occurring outside the School or school sponsored functions to the extent that such use affects the student's class or clinical performance or adversely impacts the School in any way. If the School initiates such a review, the results may include disciplinary action, up to and including expulsion.

Please contact the Director of the School if you have any questions concerning this policy.

Signature of Applicant
(Indicates applicant has read the policy)

Date

STATEMENT OF TRUTH AND UNDERSTANDING

I certify that the information I have supplied on this application is complete and true, and understand that any omission or misrepresentation of fact may result in denial of acceptance or dismissal from the School of Respiratory Care. I authorize all former employers, educational/training institutions, or individuals to furnish any information they may have on my record. I also release any individual, educational/training institution, partnership or corporation which formerly employed me or which I was a student, its officers, agents and employees, from liability for any damage due to issuing such information. I understand that I must successfully complete all aspects of pre-screening, and acceptance into the program is conditioned upon successful completion of an entrance medical examination. In consideration of any acceptance, I agree to conform to the rules and regulations of St. Mary's School of Respiratory Care.

Signature of Applicant

Date

**** Before your application can be considered, the program must receive all transcripts from all institutions attended (high school, college and other), ACT scores and GED scores when applicable. All transcripts must be official and be sent directly from the institution. *(Any deviation from this protocol must have Program Director's permission) Send the application and transcripts to:"***

*Office of Admissions"
St. Mary's School of Respiratory Care"
2900 First Avenue"
Huntington, WV 25702*

*If you should have any questions, please contact Melba Curry, Admissions Secretary, "
office (304) 526-1423 , fax(304)526-1517 or by e-mail mcurry@st-marys.org"*

5/98
6/02
6/03
11/09