



ST. MARY'S
CENTER FOR EDUCATION

ST. MARY'S / MARSHALL UNIVERSITY Cooperative Degree Programs

TODAY'S DATE: _____

Did you attend the Health Professions Academy at SMMC Center for Education while in high school? Yes* No
* If Yes, what year did you attend the Health Professions Academy? _____

Have you ever attended Marshall University?

Yes No

Have you ever applied to St. Mary's?

Yes No

ADMISSION INFORMATION

Last Name:	First Name:	Middle Name:
Academic Year and Semester You are Applying for:		Marshall University ID (MU 901#):

Select the program you are applying to:

- School of Medical Imaging
- School of Nursing
- School of Respiratory Care

IMPORTANT NOTICE OF NON-DISCRIMINATION

No qualified candidate in the United States shall be excluded from participation in, be denied the benefits of, or be subjected to discrimination by or in conjunction with St. Mary's Medical Center Cooperative Degree Programs and receiving federal assistance on the basis of age, religion, creed, color, national origin, marital status, sex or handicap.

BACKGROUND CHECK AND DRUG SCREENING REQUIRED

Admission for all students into the program is contingent upon a clear background check and negative drug screening. Each applicant is responsible for the cost of the background check and drug screening.



ADMISSION CHECKLIST

This checklist is provided to assist you in insuring your application is complete. Please fill in the boxes below as you complete the application.

- \$30 application fee enclosed (*Checks may be payable to St. Mary's School of Respiratory Care. Checks are non-refundable.*)
- All transcripts (*Official copies*) have been requested to be sent to St. Mary's and Marshall University
 - High School
 - Marshall University
 - All Other Institutions
- Application completed and sent to:
 - St. Mary's
 - Marshall University
- ACT/SAT scores requested to be sent to:
 - St. Mary's
 - Marshall University
- GED certificate sent to:
 - St. Mary's
 - Marshall University
- All sections of the application are completed. Incomplete applications will not be considered.
- All sections requiring a signature and date have been signed and dated. **APPLICATION DEADLINE APRIL 15**

TRANSCRIPT INFORMATION

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
SMMC School of Respiratory Care
2900 First Avenue
Huntington, WV 25702

Questions?

Melba Curry, Admissions Secretary
phone (304) 526-1423 • fax (304) 399-1981 • mcurry@st-marys.org

ADMISSION INFORMATION

Last Name:		First Name:		Middle Name:	
Other name under which a high school or college transcript may be listed:					
Permanent Mailing Address:					
City:		State:	Zip:	County:	
Social Security Number: _____ - _____ - _____			Telephone Number: (____) _____ - _____		
Marshall University ID (MU 901#):		Email:			
Emergency Contact:			Telephone Number:		

Are you a United States Citizen?

Yes No

If you are not a citizen, are you an alien lawfully authorized to attend school in the United States?

Yes No

EDUCATION INFORMATION

High School Name/Address:		City/State:	
Diploma/Course of Study in:	Last Year Attended:	Last Year Completed: <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	
Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did you earn a GED? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, certificate # and state: _____ date: _____</i>		
Did you take the ACT or SAT? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever attended Marshall University? Note: (You must request an official transcript) <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you attended any other colleges or universities? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list below:</i>			
Institution Name/Address:		City/State:	
Diploma/Course of Study in:	Last Year Attended:	Last Year Completed: <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	
Institution Name/Address:		City/State:	
Diploma/Course of Study in:	Last Year Attended:	Last Year Completed: <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	

STATEMENT OF TRUTH

This application is true and complete to the best of my knowledge.

Signed _____ Date _____

EMPLOYMENT INFORMATION

Please list most recent first.

FROM: (month/year)	TO: (month/year)
Name/Address of Company/Institution:	City/State:
Reason for Leaving:	
Position(s) Held:	
Telephone Number:	Name of Last Supervisor:
Type of Business:	
Briefly summarize experience gained. Include any special training you received:	

FROM: (month/year)	TO: (month/year)
Name/Address of Company/Institution:	City/State:
Reason for Leaving:	
Position(s) Held:	
Telephone Number:	Name of Last Supervisor:
Type of Business:	
Briefly summarize experience gained. Include any special training you received:	

FROM: (month/year)	TO: (month/year)
Name/Address of Company/Institution:	City/State:
Reason for Leaving:	
Position(s) Held:	
Telephone Number:	Name of Last Supervisor:
Type of Business:	
Briefly summarize experience gained. Include any special training you received:	

Please use the space below and on the back of the page to explain periods of unemployment.

PROFESSIONAL CONDUCT

The St. Mary's/Marshall University Cooperative Bachelor of Science in 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 persons of good moral character who demonstrate responsible behaviors.

Applicants are advised that their conduct before and after submitting their application to the School of Nursing will be considered in the admission process. "...Conduct derogatory to the morals or standing of the profession of registered resp. ther..." may be reason for denial of admission or dismissal from the program (WV Code 30-7-11(f)). Irresponsible behavior or conduct denoting questionable moral character will include, but not necessarily be limited to the following:

- criminal activities - e.g. DUI, misdemeanors, felonies
- substance abuse - e.g. manufacture, use, distribution, positive results on drug screen
- cheating/dishonesty
- harassment
- domestic violence
- discrimination
- breach of patient confidentiality

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?

Yes 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 Associate in Science in 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

Date

APPLICANT SCORING FORM

Name _____

All information on this form will be verified by the school to assure that information provided is correct.

SECTION 4B: Points are given for college degrees. Circle the highest applicable degree:

Associate Degree: 10 points • Bachelor Degree: 15 points • Master Degree: 20 points

SECTION 1B: Circle the appropriate points for the composite ACT score.

SCORE	17 and <	18	19	20	21	22	23	24	25	26 and >
POINTS	0	10	15	20	25	30	35	40	45	50

TOTAL POINTS: _____

SECTION 2B: Complete this section if you have completed at 12 college credit hours or more. Circle the assigned points that correspond with the appropriate grade for courses completed by January 15th for fall admission, or July 1st for spring admission. If a course has been repeated once, the number of points will be decreased by half. If you have repeated a class more than once, you will receive no points. If a class is dropped, the points will be the same as for a grade of a "C."

COURSE	GRADE A	GRADE B	GRADE C	REPEAT?
Biological Science 227	8	6	4	yes / no
Biological Science 228	8	6	4	yes / no
Biological Science 250	8	6	4	yes / no
Chemistry 203 (or higher)	8	6	4	yes / no
English 101	6	4	2	yes / no
English 102	6	4	2	yes / no
DTS 314-Nutrition /Diet Therapy or equivalent	6	4	2	yes / no
Psychology 201	6	4	2	yes / no
Psychology 311	6	6	2	yes / no
Higher level science course than those listed above	8	6	4	yes / no

TOTAL POINTS: _____