



# ST. MARY'S CENTER FOR EDUCATION

TODAY'S DATE: \_\_\_\_\_  
(mm-dd-yyyy)

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 Respiratory Care - Traditional Program

School of Respiratory Care - RRT - BSRC Completion Program

Respiratory Care State License(s)

Number NBRC Credentials Earned:    CRT      RRT      ACCS      CPFT      NPS      RPFT      SDS

### 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.*

**INTERNAL USE ONLY: APPLICATION FEE RECEIVED    YES                      NO**



## ADMISSION CHECKLIST

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

\$30 application fee paid (*Checks may be payable to St. Mary's School of Nursing. Checks are non-refundable. To pay by credit card, call accounting. Leave a message if unavailable and they will return your call. 304-526-1293 or 304-526-8932*)

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 ([www.marshall.edu/admissions/](http://www.marshall.edu/admissions/))

GED certificate sent to:

St. Mary's      Marshall University

ACT/SAT scores requested to be sent

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 DEADLINES: Fall Semester Admission Deadline is April 1.**

The West Virginia Board of Respiratory Care may deny eligibility of licensing to individuals who have been convicted of a felony or misdemeanor and persons with drug/chemical dependency.

## TRANSCRIPT INFORMATION

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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 Attn: Keith Terry

2900 First Avenue

Huntington, WV 25702

phone (304) 399-7145 fax (304) 399-1981 [kterry@st-marys.org](mailto:kterry@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:			Telephone Number:		
Marshall University ID (MU 901#):		Email (MU email preferred):			
Emergency Contact Name:			Emergency Contact Phone 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:	
Did you graduate? Yes No		Did you earn a GED? Yes No Not Applicable			
If yes, certificate # and state: _____ date: _____					
Did you take the ACT or SAT? Yes No		Please send us your scores.			
Have you ever attended Marshall University? Note: you must request an official transcript.					Yes No
Have you attended any other colleges or universities? Yes No		If yes, list: _____ (Transcripts from all schools must be received.)			
Institution Name/Address:			City/State:		
Diploma/Course of Study in:		Last Year Attended:		Year Completed:	
Institution Name/Address:			City/State:		
Diploma/Course of Study in:		Last Year Attended:		Year Completed:	

**STATEMENT OF TRUTH** This application is true and complete to the best of my knowledge.

Signed \_\_\_\_\_ Date \_\_\_\_\_

By signing this Electronic Signature Acknowledgment Form, I agree that my electronic signature is the legally binding equivalent to my handwritten signature.

## 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 this space to explain periods of unemployment.



## PROFESSIONAL CONDUCT

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The St. Mary's/Marshall University Cooperative Associate in the Nursing Program strongly supports the standards of the respiratory care profession and the West Virginia Board of Registered Professional Nurses 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 contendere) 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

(mm-dd-yyyy)

By signing this Electronic Signature Form, I agree that my electronic signature is the legally binding equivalent to my handwritten signature.

## **DRUG AND ALCOHOL TESTING**

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St. Mary's/Marshall University Cooperative Associate in Science in the Nursing Program 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.

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Signature of Applicant

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Date (mm-dd-yyyy)

By signing this Electronic Signature Acknowledgment Form, I agree that my electronic signature is the legally binding equivalent to my handwritten signature.