

**UNIVERSITY OF SOUTH ALABAMA
COLLEGE OF ALLIED HEALTH PROFESSIONS
DEPARTMENT OF CARDIORESPIRATORY CARE**

**APPLICATION FORM
(PROFESSIONAL PHASE)**

I. PERSONAL INFORMATION

NAME: _____ PHONE: _____

ADDRESS: _____ ZIP: _____

BIRTH DATE: _____ SEX: _____

SOCIAL SECURITY NUMBER: _____ CITIZEN: _____

II. ACADEMIC & PROFESSIONAL PROFILE

A. PRESENT STUDENT STATUS:

1. _____ Currently enrolled in Cardiorespiratory Care B.S. Degree Program at the University of South Alabama (Class _____)

2. _____ Currently enrolled in some other B.S. Degree program at the University of South Alabama

3. _____ Currently enrolled at another college or university

COLLEGE/UNIVERSITY: _____

LOCATION: _____

4. _____ Hold associate degree in respiratory therapy.

SCHOOL ATTENDED: _____

LOCATION: _____

5. _____ Hold C.R.T.T. credential

GRANDFATHER CLAUSE: _____

C.R.T.T. PROGRAM: _____

LOCATION: _____

6. _____ Hold other allied health credential

SPECIFY: _____

COLLEGE/UNIVERSITY: _____

LOCATION: _____

B. List any additional courses you will complete prior to entering the Professional Phase, as well as courses in which you are currently enrolled and their expected dates of completion.

1. _____ 4. _____

2. _____ 5. _____

3. _____ 6. _____

III. EMPLOYMENT PROFILE

A. Employer's Name: _____

Address: _____ Zip: _____

Supervisor: _____ Phone: _____

Employment Dates: _____

Position(s) Held: _____

Reasons for Leaving: _____

B. Employer's Name: _____

Address: _____ Zip: _____

Supervisor: _____ Phone: _____

Employment Dates: _____

Position(s) Held: _____

Reasons for Leaving: _____

IV. LETTERS OF RECOMMENDATION

Have three letters of recommendation submitted to this office from the following sources (the enclosed forms must be used):

Three letters from science professors from two different science disciplines, e.g., one from the physics department, one from the chemistry department, and one from the biology department.

V. PERSONAL PROFILE

A. Academic honors and awards: _____

B. Social honors and awards: _____

C. Publications: _____

D. Hobbies: _____

VI. NARRATIVE

Write in ink a 200 word narrative in the space provided below why acceptance into the Professional Phase of the Cardiorespiratory Care Program at the University of South Alabama is important to you.

The information that I have provided is accurate and truthful. I understand that submitting false information in any form in this application process will nullify my application.

Applicant's Signature

Date

USA Student Number _____

The University of South Alabama does not discriminate on the basis of race, sex, color, creed, handicap, or national origin in admission, or employment in any program or activity.

University of South Alabama
Department of Cardiorespiratory Care

Mr.

Mrs.

Ms. _____ is applying for the Bachelor of Science Degree Program for Cardiorespiratory Care at the University of South Alabama. He/she has requested that you submit a letter of recommendation on his/her behalf. Please specifically address each of the following attributes as they pertain to this applicant (use reverse side if necessary):

- A. Personality
- B. Character and reputation
- C. Maturity/Emotional qualities
- D. Relationship with others (superiors and peers)
- E. Capabilities and initiative

Return this letter to: Department of Cardiorespiratory Care, University of South Alabama, 1504 Springhill Avenue, Room 2545, Mobile, Alabama, 36604.

Name: _____ Signature: _____ Title: _____

Address: _____ Date: _____

University of South Alabama
Department of Cardiorespiratory Care

Mr.

Mrs.

Ms. _____ is applying for the Bachelor of Science Degree Program for Cardiorespiratory Care at the University of South Alabama. He/she has requested that you submit a letter of recommendation on his/her behalf. Please specifically address each of the following attributes as they pertain to this applicant (use reverse side if necessary):

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University of South Alabama
Department of Cardiorespiratory Care

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