

Respiratory Care Student Checklist
Deadline for Application Packet submission is June 1st.

College Use Only:
Date Rec'd. _____
Initials _____

Student Name: _____

Address: _____

Telephone: _____

Email Address: _____

Student ID #: _____

Check all spaces to the left of the items completed below:

- Attended Health Professions Orientation (date): _____
- Application to Howard College Office of Admissions (if you are not currently enrolled)
- Financial Services Signature: _____
In order for the advisor to sign, your **aid packet** MUST be complete. If you are not applying for aid, sign & date here: _____
- TEAS for Respiratory Care (date): _____
- Background Check **ONLY** <https://portal.castlebranch.com/HH88> (**Submit between January 1 and May 1**). Please keep a copy of the verification.
Date submitted: _____
- Submit Application to Program Chair (**April 1 – June 1**)
- COPY** of immunizations. **Please do not submit originals.** Must have proof of first two Hepatitis B injections by June 1st and must be able to get the third one prior to October 1st.
- Pre-requisites must be completed prior to June 1st.

College/Date Completed	College/Date Completed
<input type="checkbox"/> A&P I _____	<input type="checkbox"/> Math1314 or 1332 _____
<input type="checkbox"/> A&P II _____	

OTHER THAN THE RESPIRATORY CARE APPLICATION, THE REMAINING FILE DOCUMENTS **MUST** BE TURNED IN AT ONE TIME.

Notify Lauri Kirgis at lkirgis@howardcollege.edu of any changes in addresses or phone numbers.