



Respiratory Care Program Application Fall 2014 Forms Packet

FORM 1 CONDITIONS FOR APPLICATION

Complete all portions of this form as directed. List name as indicated in [myLane](#)

L# _____ FIRST _____ LAST _____

E-mail - required _____ 1st - Phone- _____ 2nd Phone _____

All courses were taken at LCC

Official Transcripts from other colleges have been submitted to Lane Enrollment Services – Attention: HP Transcript –
Lane Community College - 4000 East 30th Ave, Eugene, OR 97405

Application Conditions and Program Progression Completion Requirements

In submitting my RC program application by email to HPApplicationCenter@lanecc.edu , I affirm the following:

- I took all of my prerequisite courses at Lane Community College,
OR I have submitted official, sealed transcripts from colleges other than Lane to Lane Enrollment Services.
- I have completed the [LCC Credit Admission](#) process and have an L number.
OR I have previously taken credit classes at Lane and have an L number.
- I have completed the Respiratory Care On-line Admissions Application & Payment process, including paying the \$50 non-refundable application fee and attended a Mandatory Application Review Session.
- I understand all information in the Fall 2014 Respiratory Care Application Information Packet. I am NOT considered an applicant to the program unless all required forms and documentation are completed and submitted according to application instructions prior to the application deadline.
- My application will not be returned and I am responsible for making a personal copy.
- I have read the Fall Enrollment Requirement Section and understand I must attend the mandatory orientations and comply with all other enrollment requirements if I am accepted or considered a program alternate.
- I am a current resident of the State of Oregon and my current Oregon address is listed in [myLane](#).
- I am aware that the Respiratory Care Program is a hybrid program with lecture courses delivered in an on-line guided instruction format. I will have the required equipment, software and internet access to fully participate from the first day of Fall term.
- I understand it is my responsibility to complete all program requirements for degree completion.
- I will be dropped from the program if I do not comply with all the above conditions of application.
- I hereby attest that all application information and documentation I have submitted in this packet is accurate and authentic.

Forms 1 and 2 submitted scanned, Google docs, handwritten or delivered in person will not be accepted. Be sure to use the latest version of Adobe Reader to complete this Form.

Macintosh users – do not use “Preview” to view or complete this Form. Set Adobe Reader as the default PDF reader.

**Submit all supporting documentation attached to
ONE e-mail by the deadline:**

HPApplicationCenter@lanecc.edu

Health Professions Application Center

Subject – Student Name L number RC Application
Documentation

Change to file name:

RCForms2014LastNameLNumber

On the same date or before:

Lane Transcript and/or submitted transcripts to [Enrollment Services](#) reflect courses and degree(s) listed on Point Petition Sheet.

Online Respiratory Care Program Admissions Application and Payment has been submitted.

FORM 2 POINT PETITION SHEET		Lane RC Fall 2014		Courses <u>must meet</u> minimum credit requirement shown. Enter application point values in the right hand column 'Points'. Minimum criteria is grade of C- or P/NP. No points awarded for meeting minimums for application				
Part 2A. Prerequisite Courses listed must be completed by the end of Winter 2014.		Course/School	Term/Year	# Credits	Grade C or Pass	Grade B	Grade A	Indicate Points Earned
Item 1: Mathematics Requirement:								
MTH 095 (4 / 5 Cr) OR				0	1	2		
Math higher than MTH 095 (4 / 5 Cr),				1	2	3		
Item 2: Writing Requirement:								
WR 121, 122, 123, or 227 (3 / 4 Cr) OR				0	1	2		
Prior Bachelor's degree, must appear on a submitted transcript			n/a	n/a	n/a	2		
Item 3: Choice of either Biology and Chemistry (2 courses) OR full Chemistry (1 courses): <i>must be within the last 7 years</i>								
CH 112 (3 / 4 Cr)				0	1	2		
AND BI 112 (3 / 4 Cr) OR				Grade Received: No point value:				
CH 100 level (5 Cr) OR				0	1	2		
CH 200 level or higher (5 Cr)				1	2	3		
Item 4: Human Anatomy and Physiology 1:								
BI 231 (4 Cr)				0	1	2		
Item 5: Medical Terminology:								
HO 100 (2 / 3 Cr)				0	1	2		
Part 2B. Recommended Additional Courses additional admittance points given								
Items 9: Human Anatomy and Physiology and Microbiology: <i>BI 233 must be within the last 7 years</i>								
BI 232 (4 Cr)				1	2	3		
BI 233 (4 Cr)				1	2	3		
BI 234 (4 Cr)				1	2	3		
Total Course Points Earned								
Part 2C. Additional Points – Health Care Experience. Points awarded for Highest Level Achieved. – Must attach documentation.								
CNA:	Certificate of Completion of Training = 1 point	State Certification = 2 points						
EMT - Basic:	Certificate of Completion of Training = 1 point	State Certification = 2 points						
Prior Degree:	Associate's Degree = 1 point	BA, BS, or higher = 2 points						
Military Experience: Medical Primary Specialty – Minimum 1 year hospital experience (Submit copy of DD214)								= 2 pts
Deductions: Two points per occurrence will be deducted for each N/P, W, NC, *, D, or F in BI 231-233, Winter Term 2009 or later.								= minus 2 pts each
Total Points for Course Completion and Additional Points (<i>Points Possible 29</i>)								

Be sure to do the Online Application and Payment Process to complete your final step to apply to the RC Program.
List any additional information that didn't fit into spaces provided above:

