

		TODAY'S DATE:
	Professions Academy at SMMC Center Yes, what year did you attend the Health	for Education while in high school? ☐ Yes* ☐ No Professions Academy?
& Technical College?	ded Mountwest Community es No	Have you ever applied to St. Mary's? ☐ Yes ☐ No
MISSION INFOR	MATION —	
st Name:	First Name:	Middle Name:
ademic Year and Semester \	/ou are Applying for:	Mountwest Community & Technical College ID #
ect the program you a	are applying to:	
	's/Mountwest Community & Tech	nnical College School of Respiratory Care
ORTANT NOTICE OF NO qualified candidate in the iected to discrimination by	United States shall be excluded from pa or in conjunction with St. Mary's Medic	articipation in, be denied the benefits of, or be cal Center Cooperative Degree Programs and r, national origin, marital status, sex or handicap.



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This checklist is provided to assist you in ensuring your application is complete. Please till 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 Mountwest Community &Technical College
☐ Application completed and sent to: ☐ St. Mary's ☐ Mountwest Community & Technical College
☐ ACT/SAT scores requested to be sent to:
☐ St. Mary's ☐ Mountwest Commujnity & Technical College
☐ GED certificate sent to:
☐ St. Mary's ☐ Mountwest Community & Technical College
☐ 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: Spring Admission - November 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

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:

Or hand deliver to:

OFFICE OF ADMISSIONS

SMMC School of Respiratory Care 2853 5th Avenue Huntington, WV 25702 ST. MARY'S CENTER FOR EDUCATION

2853 5th Avenue Huntington, WV 25702

Questions?

Courtney Hieronimus, Director of Clinical Education phone (304) 399-4968 • fax (304) 399-1981 • Courtney.Hieronimus@st-marys.org

Last Name:	First Name:	First Name: Middle Na		lame:
Other name under which a high scho	ol or college transcript ma	ay be listed:		
Permanent Mailing Address:				
City:	State:	Zip:		County:
Social Security Number:				_ -
MCTC ID #	Email (MCTC	email preferred):		
Emergency Contact:	Telepho	ne Number:		
Are you a United	States citizen?	If you are not authorized to a	a citizen, are y attend school in	ou an alien lawfully the United States?
DUCATION INFORMAT	ION ———			
High School Name/Address:				City/State:
Diploma/Course of Study in:		Last Year Attended	i:	Last Year Completed:
Did you graduate? ☐ Yes ☐	Did you earn a	GED?	☐ No	date:
Did you take the ACT or SAT?	Yes 🔲 No	Please sen	d us your scores	
Have you attended Mountwest Comn	nunity & Technical Colleg	e? 🗆 Yes 🕒 No)	
Have you attended any other college If yes, list:			(Transcripts from	n all schools must be received.
				City/State:
Institution Name/Address:		Diploma/Course of Study in: Last Year Attended:		
		Last Year Attended	d:	Year Completed:
Diploma/Course of Study in:		Last Year Attended	d:	Year Completed: City/State:
Diploma/Course of Study in: Institution Name/Address:		Last Year Attended		·
Institution Name/Address: Diploma/Course of Study in: Institution Name/Address: Diploma/Course of Study in: STATEMENT OF TRUTE This application is true and content of the study in t		Last Year Attended	d:	City/State:



PROFESSIONAL CONDUCT

The St. Mary's/Mountwest Community & Technical College School of Respiratory Care Program strongly supports the standards of the West Virginia Board of Respiratory Care regarding the need for 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 Respiratory Care will be considered in the admission process. Conduct derogatory to the morals or standing of the profession may be reason for denial of admission or dismissal from the program (WV Code 30-34-13). The Board of Respiratory Care may revoke, suspend or refuse to renew any license, or place on probation, or otherwise reprimand a licensee or permit holder, or deny a license to an applicant if it finds that the person:

- (a) Is guilty of fraud or deceit in procuring or attempting to procure a license or renewal of a license to practice respiratory care;
- (b) Is unfit or incompetent by reason of negligence, habits or other causes of incompetence;
- (c) Is habitually intemperate in the use of alcoholic beverages;
- (d) Is addicted to or has improperly obtained, possessed, used or distributed habit-forming drugs or narcotics;
- (e) Is convicted of a felony that materially affects the person's ability to safely practice respiratory care;
- (f) Is guilty of dishonest or unethical conduct as determined by the board of respiratory care;
- (g) Has practiced respiratory care after his or her license or permit has expired, been suspended or revoked;
- (h) Has practiced respiratory care under cover of any permit or license illegally or fraudulently obtained or issued; or
- (i) Has violated or aided or abetted others in violation of any provision of this article.

Students are ad program.	lvised 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 co	, ,			
	☐ Yes ☐ No				
•	description and explanation of your prior conviction history, violation. NOTE: Disclosure of a criminal record does not au				
Signature of Ap	plicant	Date			



DRUG AND ALCOHOL TESTING

St. Mary's/Mountwest Community & Technical College School of 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				

ST. MARY'S/MOUNTWEST COMMUNITY & TECHNICAL COLLEGE RESPIRATORY CARE PROGRAM

Admission Score Sheet

Applicant Na	me:		Overall 1	otal Points		
		submitted all required adm he following rating scale:	nission documents will be o	considered for p	rogram	
college credit college cours	n College : from a r se work h	Company of the control of the contro	ution of higher education. I nigh school/GED points wi	f less than 12 ci Il be used. Colle	redit hours of	
High Schoo		<u>GED</u>		ollege		
3.80-4.00 =	=120 po	ints	3.	80-4.00 =140	points	
3.60-3.79 =			3.60-3.79 =120			
3.40-3.59 =	= 80 poiı	nts	3.	40-3.59 = 100		
3.00-3.39 =			3.	00-3.39 = 80		
2.50-2.99 =				50-2.99 = 60		
2.00-2.49 =	= 20 poii	nts		.25-2.49 = 40		
			2.	00-2.25 = 20		
Actual GPA _		Total GPA Points	(140 pts.)			
earned multip and a grade of grade of "B" i	olied by the of C = 2 (n a 3-ser	se grades: Academic point he semester hours (SH) in QP. For example, an "A" e mester hour course receive ades earned below a "C" ar	that course. A grade of A arned in a 3-semester houses 9 points. A grade of "C"	= 4 QP; Grade ir course receive in a 3-semeste	of B = 3 QP: es 12 points. A	
Course Taken	Cr.	College/University Course Was Taken	Semester/Year Course Was Taken	Grade Earned	QP Earned	
BIOL 257						
BIOL 259						
MAT 120						
ENG 101						
COM 112						
PSYC 211				Total QP		
Total Crs.				iotal QP		
Total Acade	mic (QF	P) Points	_			
	ory II (A	y I (GPA) points = cademic) points = rall Total Points =				