



TODAY'S DATE: \_\_\_\_\_

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 Mountwest Community  
& Technical College?

☐ 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:		Mountwest Community & Technical College ID #

Select the program you are applying to:

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

### 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 SCREE 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 \_\_\_\_\_



**ST. MARY'S**  
CENTER FOR EDUCATION

## 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 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 Community & 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 - October 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:

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?**

**Chris Henderson, Program Director**  
phone (304) 399-4970 • fax (304) 399-1981 •  
[christopher.henderson@st-marys.org](mailto:christopher.henderson@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:
Social Security Number: - -	Date of Birth / /	Telephone Number: ( ) -	
MCTC ID #	Email (MCTC email preferred):		
Emergency Contact:	Telephone 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did you earn a GED? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, certificate # and state: _____ date: _____	
Did you take the ACT or SAT? <input type="checkbox"/> Yes <input type="checkbox"/> No		Please send us your scores.
Have you attended Mountwest Community & Technical College ? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you attended any other colleges or universities? <input type="checkbox"/> Yes <input type="checkbox"/> 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 \_\_\_\_\_



## 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 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



ST. MARY'S  
CENTER FOR EDUCATION

## DRUG AND ALCOHOL TESTING

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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.

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Signature of Applicant

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Date



## FERPA CONSENT & RELEASE FORM

I \_\_\_\_\_ authorize Mountwest Community and Technical College to release my **educational and/or financial** records to the following:

**(Please check the appropriate boxes)**

Person/Agency	Educational	Financial

*I acknowledge by my signature that I understand although I am not required to release my records, I am giving my consent to release the information. I understand that this release remains in effect unless I revoke such consent in writing and the revocation is delivered to the institution. Once consent is set here-in, the pin of my choosing will be shared by myself to the individuals or parties that I am allowing access to my records.*

Student's Signature (Required): \_\_\_\_\_ Date: \_\_\_\_\_

Student's ID (Required): \_\_\_\_\_

Student Set Pin (Must be 6 digits): \_\_\_\_\_

**Student Signature MUST be witnessed by an MCTC Employee OR a Notary Signature is required.**

### Mountwest Employee

\_\_\_\_\_  
Mountwest Employee Witness Signature

\_\_\_\_\_  
Date

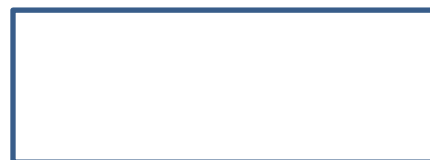
### Notary Public

State of \_\_\_\_\_ County of \_\_\_\_\_

This instrument was acknowledged before me on \_\_\_\_\_ by \_\_\_\_\_  
(DATE) (Name of person acknowledging)

\_\_\_\_\_  
Notary Public's Signature

(Personalized Seal)



**ST. MARY'S/MOUNTWEST COMMUNITY & TECHNICAL COLLEGE**  
**RESPIRATORY CARE PROGRAM**  
**Admission Score Sheet**

Applicant Name: \_\_\_\_\_ Overall Total Points \_\_\_\_\_

Individuals who have submitted all required admission documents will be considered for program admission based on the following rating scale:

**Category I – GPA**

Note: To earn College GPA points, applicant must have earned at least 12 semester credit hours of college credit from a regionally accredited institution of higher education. If less than 12 credit hours of college course work have been completed, the high school/GED points will be used. College GPA is calculated only on academic courses required for the Respiratory Care Program

**High School**

3.80-4.00 = 120 points  
 3.60-3.79 = 100 points  
 3.40-3.59 = 80 points  
 3.00-3.39 = 60 points  
 2.50-2.99 = 40 points  
 2.00-2.49 = 20 points

**GED**

60 points

**College**

3.80-4.00 = 140 points  
 3.60-3.79 = 120  
 3.40-3.59 = 100  
 3.00-3.39 = 80  
 2.50-2.99 = 60  
 2.25-2.49 = 40  
 2.00-2.25 = 20

Actual GPA \_\_\_\_\_ Total GPA Points \_\_\_\_\_ (140 pts.)

**Category II - Academics**

Previous college course grades: Academic points are determined by a course's quality points (QP) earned multiplied by the semester hours (SH) in that course. A grade of A = 4 QP; Grade of B = 3 QP; and a grade of C = 2 QP. For example, an "A" earned in a 3-semester hour course receives 12 points. A grade of "B" in a 3-semester hour course receives 9 points. A grade of "C" in a 3-semester hour course receives 6 points. Grades earned below a "C" are not included for academic points.

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	_____	_____	_____	_____	_____
<b>Total Crs.</b>	_____	_____	_____	<b>Total QP</b>	_____

Total Academic (QP) Points \_\_\_\_\_

Total Category I (GPA) points = \_\_\_\_\_  
 Total Category II (Academic) points = \_\_\_\_\_  
 Overall Total Points = \_\_\_\_\_