



School of Allied Health Sciences
Cardiopulmonary Science Program (CPS) – Professional Phase, B.S. Degree

Application for Admission

Deadline: 4th Friday in the Month of May

Return to: Florida A&M University
TyKisha Bright
Administrative Assistant
School of Allied Health Sciences

Lewis-Beck Building, Room 319

Tallahassee, Florida 32307-3500

TyKisha.Bright@famu.edu

For Office Use Only
Date of Application Received in the
CPS Office: _____

Application Date:

Applying for Professional Program: Fall 20

Have you made application for or been admitted to Florida A&M University (check only one):

Applied

Admitted

Have not applied

*Apply for admission to Florida A&M University immediately. Call the Admissions Office (850) 599-3115. You cannot be admitted to the Cardiopulmonary Science Program **unless** you have been admitted first to Florida A&M University.*

The number of students admitted to the Program is limited. Please complete the information requested as thoroughly as possible to help the Committee in its decision.

PERSONAL DATA

Name:

Student ID or Social Security Number:

Current Mailing Address:

City:

State:

Zip Code:

Home: Mobile:

Permanent Mailing Address:

City: State: Zip Code:

Home: Mobile:

**ATTACH A COPY OF OFFICIAL TRANSCRIPT(S) OF ALL COLLEGE CREDITS
INCLUDING NEW COURSE WORK
APPLICATION WILL NOT BE PROCESSED WITHOUT REQUIRED TRANSCRIPTS**

Have you toured a Respiratory Care Department at a local hospital within the last year? Yes No

If yes, what hospital and respiratory therapist(s)?

PART A – EDUCATION

College or University:

- | | | |
|-----------------|-----|---------------------------|
| 1. Institution: | | City and State: |
| From: | To: | Graduate Date and Degree: |
| 2. Institution: | | City and State: |
| From: | To: | Graduate Date and Degree: |
| 3. Institution: | | City and State: |
| From: | To: | Graduate Date and Degree: |
| 4. Institution: | | City and State: |
| From: | To: | Graduate Date and Degree: |

If needed, you may attach additional sheets of paper to the back of this page.

PART B – SELF-EVALUATION OF ACADEMIC ABILITIES

1. On a scale of 1 to 10, 10 being the best, rank your academic abilities:
2. List your strongest subjects:
3. List those subjects in which you feel least prepared:

4. Have you completed all of the required prerequisite sciences courses? Yes No If not, how many semester credit hours of science do you lack?

PART C – CAREER PROFILE

In the space below type a 150-200 word response. Please respond to the following questions:

- (1) How did you first become aware of and interested in respiratory therapy?
- (2) What other careers have you investigated?
- (3) Why did you choose respiratory therapy as a career over all other options available to you?
- (4) What are your career plans and goals?

In addition to addressing these questions, please feel free to include other information about yourself to allow the Admissions Committee to get to know you better.

If needed, you may attach additional sheets of paper to the back of this page.

Applicants should be aware that a criminal background check is mandated by the State of Florida, health regulatory agencies, and program clinical affiliations. Evidence of certain criminal offences and/or providing false information may prohibit admission to the program or enrolling in courses after being admitted to the program.

PART D

Have you completed 8 hours of clinical observation shadowing a respiratory therapist? Yes No

If yes, please list and describe the types of skills you observed. Discuss the importance of the levels of skills a respiratory therapist must demonstrate in order to perform safe and effective patient care.

If needed, you may attach additional sheets of paper to the back of this page.

*****Note: The Cardiopulmonary Science Program at Florida A&M University is accredited by the**

**Commission on Accreditation for Respiratory Care (CoARC) (www.coarc.com). CoARC
#200321*****

**Commission on Accreditation for Respiratory Care (CoARC)
264 Precision Boulevard
Telford, Tennessee 37690 USA
(817) 283-2835**

Signature of Applicant

Date