



**APPLICATION TO THE RESPIRATORY THERAPY  
DEGREE COMPLETION PROGRAM  
UNIVERSITY OF MISSOURI  
605 LEWIS HALL, COLUMBIA, MO 65221-4230**

Type or Print  
Full Name

\_\_\_\_\_

(Last)

(First)

(Middle)

(Maiden)

Sex  Male  Female

Birth date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

(Month)

(Day)

(Year)

Permanent  
Address

\_\_\_\_\_ ( ) - \_\_\_\_\_

(Street)

(City)

(County)

(State)

(Zip)

(AC)

(Telephone)

Name of High School Attended \_\_\_\_\_ Year of Graduation \_\_\_\_\_

Cell Phone ( ) - \_\_\_\_\_ Fax Number ( ) - \_\_\_\_\_ Other Contact Info \_\_\_\_\_

Email address \_\_\_\_\_ Other Email \_\_\_\_\_

Date Obtained NBRC

Credentials \_\_\_\_\_ CRTT: \_\_\_\_\_ RRT: \_\_\_\_\_ Others: \_\_\_\_\_

RCP License or Registration  
Number: \_\_\_\_\_

State \_\_\_\_\_

Have you ever been convicted of any felony or class A misdemeanor or pled no contest to any felony or class A misdemeanor? CHECK ONE:  Yes  No If you answered Yes, you must *attach* a brief narrative explaining the circumstances.

**EDUCATION**

College(s) Attended or Currently Attending

Dates Enrolled

Degree(s) Received

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**HONORS AND AWARDS**

Academic Awards (high school & college):

\_\_\_\_\_  
\_\_\_\_\_

Professional Awards:

Other Awards:

## AMERICAN HEART ASSOCIATION / AMERICAN RED CROSS / AMERICAN ACADEMY OF PEDIATRICS CERTIFICATIONS

List the expiration dates for all certifications

Basic Life Support for Healthcare Providers BLS ( <i>mandatory</i> ) _____	Advanced Cardiovascular Life Support ACLS ( <i>mandatory to graduate</i> ) _____
Pediatric Advanced Life Support PALS ( <i>optional</i> ) _____	Neonate Resuscitation Program NRP ( <i>optional</i> ) _____

Send a copy of your certification cards with your application.

## ORGANIZATIONS/LEADERSHIP ACTIVITIES

Please list organizations or activities in which you have had significant participation (professional, community, sports, church, etc., indicate offices held and give dates when appropriate)

## EMPLOYMENT

Employer (list most recent first)	City/State	Title	Inclusive Dates
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### Notice of Nondiscrimination

The University of Missouri System is an Equal Opportunity/Affirmative Action institution and is nondiscriminatory relative to race, religion, color, national origin, sex, sexual orientation, age, disability or status as a Vietnam-era veteran. Any person having inquiries concerning the University of Missouri-Columbia's compliance with implementing Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Americans With Disabilities Act of 1990, or other civil rights laws should contact the Assistant Vice Chancellor, Human Resource Services, University of Missouri-Columbia, 130 Heinkel Building, Columbia, Mo. 65211, 573-882-4256, or the Assistant Secretary for Civil Rights, U.S. Department of Education.

### Americans with Disabilities Act

If you have special needs addressed by the Americans with Disabilities Act, notify us at the School of Health Professions, 504 Lewis Hall, Columbia, MO 65211 or phone (573) 882-8011 at least two weeks before you plan to attend the School of Health Professions. Reasonable efforts will be made to accommodate your special needs.

## Please Read and Sign

By signing below, I attest the information provided on this application is true and complete at the date of writing to the best of my knowledge. If required, I agree to obtain and/or show documentation of any vaccinations, immunizations, and tests required by the Respiratory Therapy Education Program prior to engaging in fieldwork or clinical activities. This may also include criminal history and background check if required by participating educational affiliates.

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Signature

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Date

To submit this application via email, please attach the completed application file to an email addressed to KeelyJL@health.missouri.edu.

Place submit this application via postal mail, send to:

Respiratory Therapy Degree Advancement Applications Committee  
University of Missouri  
605 Lewis Hall  
Columbia, MO 65211-4230

There is an application fee of \$20.00. You may pay by enclosing a check or money order made out to University of Missouri via postal mail or pay online at [https://secure.touchnet.net/C20067\\_ustores/web/product\\_detail.jsp?PRODUCTID=2102&SINGLESTORE=true](https://secure.touchnet.net/C20067_ustores/web/product_detail.jsp?PRODUCTID=2102&SINGLESTORE=true) and choosing the RT Application Fee (Degree Advancement).

If you have any questions regarding the Respiratory Therapy Degree Advancement Program, the application, or admission procedures, you may contact the program director, Jennifer Keely, at KeelyJL@health.missouri.edu.