



GROSSMONT COLLEGE RT PROGRAM APPLICATION CHECKLIST

(This form must accompany the application packet)

NAME: _____

DATE: _____

The required following documents are needed to submit an application packet and to be placed on the waitlist. All items must be included in a single email and submitted (PDF format is preferred) to Grossmont.RespiratoryTherapy@gcccd.edu, . Application requirements must be complete and all items must be included to apply to the RT Program. Incomplete applications will not be accepted.

Complete Application

RT Responses on a separate document (questions are found on page 2 of the application)

Proof of High School graduation, GED certificate **or a higher** degree:

- copy of a U.S. High School diploma/transcripts or
- copy of a GED certificate or
- unofficial transcripts indicating an Associates, Bachelors or Master's degree or copy of diploma.

Important: Foreign High School or College transcripts must be evaluated by an Evaluation Service from NACES.org.

Official college transcripts for the required science prerequisites; Anatomy, Physiology, Chemistry and Microbiology. If the courses were taken at GCCCD, the RT Office will obtain the transcript for you. **Hand deliver your official sealed transcripts to the office or have them sent electronically through a transcript service.**

Course Descriptions for courses not listed on the [RT Equivalency Grid](#). If prerequisites were taken outside of the San Diego area, course descriptions from the college catalog must be included. Please do not copy and paste; course descriptions must show the entire page directly from the school catalog and/or website indicating the name of the college and the year the course was completed.

Complete Immunizations (all have specific requirements; please use the [Immunization Requirements](#) for details):

Hepatitis B series (3 shots total) and a positive Hep B blood test indicating immunity (if proof of Hep B series cannot be provided).

Please note: Negative blood tests without a series of 3 Hep B vaccinations will not meet the requirement.

Tdap (within the past 10 years)

MMR series (2 shots total) **or** separate blood tests indicating immunity for Measles, Mumps and Rubella.

Varicella series (2 shots total) **or** a positive Varicella blood test indicating immunity

COVID-19 series 1 or 2 shot version and the booster

QUESTIONS? Contact Darla Ryther - Health Professions Specialist for the RT Program.

Email: Grossmont.RespiratoryTherapy@gcccd.edu 619-644-7448

**College and/or
Post High School Education**

Name of College

Years Attended

Degrees

_____	_____	_____
_____	_____	_____

***Note:** Official college transcripts from all colleges attended must be on file in the Admissions and Records office before starting the program. It is highly recommended that you make an appointment with a college counselor after entering the program to verify all of your General Education and Major Requirements are met for your AS Degree.

How did you hear about the field of Respiratory Therapy?: _____
How did you hear about our Respiratory Program?: _____
Have you applied, or are you enrolled, in any other Health Professions Program? ____ Yes ____ No Explain: _____

PLEASE COMPLETE FOR STATISTICAL PURPOSES ONLY:

Work experience in the health care field? ____ Yes ____ No

If yes, where and dates of employment.

ON A SEPARATE SHEET OF PAPER, PLEASE RESPOND TO THE FOLLOWING THREE STATEMENTS:

1. *I chose a healthcare field because?*
2. *I want to become a Respiratory Therapist because?*
3. *I wish to attain the following goal(s) within the next five years?*

IMPORTANT

Students in **ALL** Allied Health Programs will be required to complete a background check and urine drug screen. **THIS IS A HOSPITAL/HEALTH AGENCY REQUIREMENT.** Students will be given the information to obtain these requirements upon admission to the program.

You must hand deliver your application to the Grossmont College Respiratory Therapy Program at the address below or mail it **ONLY** if you live outside of San Diego County.

GROSSMONT COLLEGE

Respiratory Therapy Program
Building 34, Room 256
8800 GROSSMONT COLLEGE DRIVE
EL CAJON, CA 92020-1799
(619) 644-7448

Grossmont.RespiratoryTherapy@gcccd.edu
www.grossmont.edu/healthprofessions

Date: _____

Signature: _____