



# SPC Respiratory Care

## 2025 Program Application

### Applicant Information

Please complete (type) all areas

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_ *City State ZIP Code*

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Student ID: \_\_\_\_\_

Have you ever been convicted of a felony?  YES  NO

If yes, explain: \_\_\_\_\_

### Education

Please include all colleges, universities, vocational schools, allied health schools attended (including SPC)

Institution: \_\_\_\_\_ City & State: \_\_\_\_\_ Credits: \_\_\_\_\_

\_\_\_\_\_ Did you graduate? \_\_\_\_\_ Degree Earned: \_\_\_\_\_

Institution: \_\_\_\_\_ City & State: \_\_\_\_\_

Credits: \_\_\_\_\_ Did you graduate? \_\_\_\_\_ Degree Earned: \_\_\_\_\_

Institution: \_\_\_\_\_ City & State: \_\_\_\_\_

Credits: \_\_\_\_\_ Did you graduate? \_\_\_\_\_ Degree Earned: \_\_\_\_\_

### Disclaimer and Signature

--Students must meet the physical requirements of the program (please contact program director if you have any questions about the physical requirements.)

--Students in the Respiratory Care Program who may have a criminal background, please be advised that the background may keep you from obtaining any State respiratory license. Students who have a question regarding their background and licensure, please speak with the Program Director or the Department Chair. The student may request a criminal history evaluation from the applicable licensing agency.

--I hereby certify that the information contained in this application is true and complete to the best of my knowledge. I understand that any misrepresentation or falsification of information is caused for denial of admission or expulsion from the college. I understand that the information contained in this application will be read by the faculty and staff of the South Plains College Respiratory Care Program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Email Application

To submit application electronically, please download this form.