



# Respiratory Therapy Application for Admission

Respiratory Therapy Program (5 semesters): Application period is March 1st through May 31st

**You are urged to give careful consideration to each question on this form. It is your advantage to fill out this form completely and return it promptly.** Options for submittance of **COMPLETE** application:

1. Personally deliver the application to Mandy Roachell in Gunning Hall on the Wilburton campus.
2. Mail to 1301 West Main, Wilburton, OK 74578 with "Attention: Health Sciences Division."
3. Fax to 918.465.4462 (please be aware that some transcripts are hard to read via fax).

If sent by mail or faxed, you may confirm delivery by calling the Health Sciences Division at 918.465.1794.

**Date of Application:** \_\_\_\_\_

**Desired Entrance Date (fill in year):**  August \_\_\_\_\_

**Please check the appropriate box:**  New Applicant     Transfer     Readmission

Name (print or type): \_\_\_\_\_  
(first)                      (middle)                      (last)                      (maiden/other name used)

Address: \_\_\_\_\_  
(street or PO box)    (city)                      (state)                      (zip)

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  Male     Female

\*U.S. Citizen:  Yes     No

\*Ethnic Group:  Native American     African American     Hispanic     Caucasian  
 Other \_\_\_\_\_

\*I am a person with a disability:  Yes     No

\*I am a veteran:  Yes     No

\* For reporting purposes only

1. Provide information concerning high school graduated from or high school equivalency (HiSET/GED) AND include a copy of high school transcript or high school equivalency (HiSET/GED) scores with application.

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(name and location of school)

(year degree/certificate received)

2. Provide information concerning any college, university, or any other school attended. Include a copy of EACH transcript (including Eastern) with your application. LPN and EMT must include vocational transcript.

<i>Name and Location of School</i>	<i>Dates of Attendance (Month/Year)</i>	<i>Degree Received</i>

\*Please attach a page for additional college information

3. Are you currently a state certified CNA, LPN, or EMT?  Yes  No (In accordance with the Oklahoma Board of Nursing guideline, Oklahoma LPN license should not be copied. Please verify current licensure by printing from [www.ok.gov/nursing/verify](http://www.ok.gov/nursing/verify))
4. If you have ever attended any Respiratory Therapy school, provide the following information:

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(name of school)

(city and state)

(month/year of entrance)

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(reason for leaving) \*If transferring from another school of Respiratory Therapy, a reference letter from a dean or RT faculty is required.

5. If you feel that there is additional information needed to further explain any item on your Respiratory Therapy application, please attach your explanation as a separate page with this application.
6. A national background check by QualifiedFirst by Verified Credentials, Inc. is required with this application. Please see separate instruction sheet included in the packet. This will be at the cost of the applicant and must be done within 90 days prior of application to the Respiratory Therapy program. Please be aware the background results may take a week or more to process. If you feel that there is additional information needed to further explain any item on your Respiratory Therapy application, please attach your explanation as a separate page with this application.
7. Students applying for **readmission** to Eastern's Respiratory Therapy program, must address, in writing, their exit interview action plan(s).

*In compliance with the Commission of Accreditation for Respiratory Care, the following information is necessary.*

8. Have you taken the examination for registered RT licensure in any other state?  Yes  No

9. Have you been licensed in any state as an LPN/LVN or EMT-P?  Yes  No

If yes, which state: \_\_\_\_\_ (please include verification from each state)

Is your licensure currently unrestricted?  Yes  No

Indicate name on license (if different than application): \_\_\_\_\_

10. Have you ever had any action taken by a State Board of Nursing (LPN) or licensing body (EMT-P) regarding licensure?  Yes  No

11. Have you ever been arrested, convicted, or charged of a crime?  Yes  No

\*Omission of information or falsification can result in non-acceptance. Include all such incidents no matter how minor the infraction, whether guilty or not.

12. Have you ever been judicially declared incompetent?  Yes  No

13. Do you have any physical limitations/disabilities that may interfere with your clinical performance?  
 Yes  No

**If you answer YES to any of the above questions, you must submit details on a separate page or your application will not be reviewed.**

*NOTICE: Notify your program director should any of the following situations relate to you:*

- *Convicted of a felony or have felony charges pending;*
- *Committed for mental incompetency;*
- *Habitually indulged in or addicted to drugs or alcohol;*

*These conditions may affect your eligibility for licensure, registry or certification credentials and consequently may have a bearing on employability. Clinical affiliates require a seven-year national background and sexual offender check and drug testing. Students will be responsible for the cost of these checks and tests. Likewise, these checks and tests may be require by potential employers.*

\_\_\_\_\_ I understand that I must have a minimum retentive GPA of 2.5 for application to be considered.

\_\_\_\_\_ I understand that I must have an ACT composite score equal to or greater than 19 or **EOSC residual** ACT scaled score of greater than or equal to 19 to be considered. Please include a copy of ACT score(s) with application.

\_\_\_\_\_ I have met with an RT advisor prior to submitting my application.

I hereby certify that I have answered all questions completely and accurately to the best of my knowledge. I understand that misrepresentation may result in non-acceptance or dismissal from this RT program.

\_\_\_\_\_  
(signature of applicant)

\_\_\_\_\_  
(date)

# Eastern Oklahoma State College - Health Sciences Division

## ***Physical Qualifications***

It is important to note that in order to successfully progress through the Respiratory Therapy curriculum and function as a practicing respiratory therapist upon graduation, an individual must be able to perform certain physical activities that include vocal, visual, auditory, and dexterity requirements.

Therefore, in order to be considered for admission or to be retained in the program after admission, all applicants will:

1. Have physical strength to lift a minimum of 25 pounds.
2. Have visual acuity to read small print and medicine labels.
3. Have sufficient auditory perception to receive verbal communication from clients and members of the health team and to assess health needs of people through the use of monitoring devices such as stethoscopes, IV infusion pumps, cardiac monitors, fire alarms, etc.
4. Communicate in clear English speech patterns—verbal and written.
5. Demonstrate coordinate range of motion of all four extremities without assistive devices.
6. Must be able to demonstrate appropriate and rational behavior while under mental and emotional stress.

The individual will need to notify the Respiratory Therapy Director in writing if such a disability exists or occurs during the admission process. Professional documentation will be requested regarding the individual's ability to perform Respiratory Therapy tasks.

I certify that I meet the above requirements. (This form must be returned with your application.)

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(signature of applicant)

# Eastern Oklahoma State College - Health Sciences Division

## ***Application Checklist***

Met with Respiratory Therapy Advisor (please specify). Call 918.465.1794 for contact information.

Spears (McAlester)

Respiratory Therapy Application

Physical Qualifications Agreement

Transcripts from each college (including EOSC if attended)

Current Cumulative GPA = or > 2.5

ACT Scores = 19 (averaged)

\_\_\_\_\_ English    \_\_\_\_\_ Reading    \_\_\_\_\_ Math    \_\_\_\_\_ Science

\_\_\_\_\_ **Composite**

High School Transcript or High School Equivalency (HiSET/GED) with scores

Science Grades (if completed)

\_\_\_\_\_ Anatomy    \_\_\_\_\_ Micro    \_\_\_\_\_ Phys.    \_\_\_\_\_ Intro to Chemistry

Background Check

Letter concerning "YES" to #8-13 (if applicable)

Copy or verification of CNA, LPN or EMT (If applicable)

Exit interview and plan of action (If applicable)

# Eastern Oklahoma State College

## AAS in Respiratory Therapy Program

Required Qualifications for Your Program

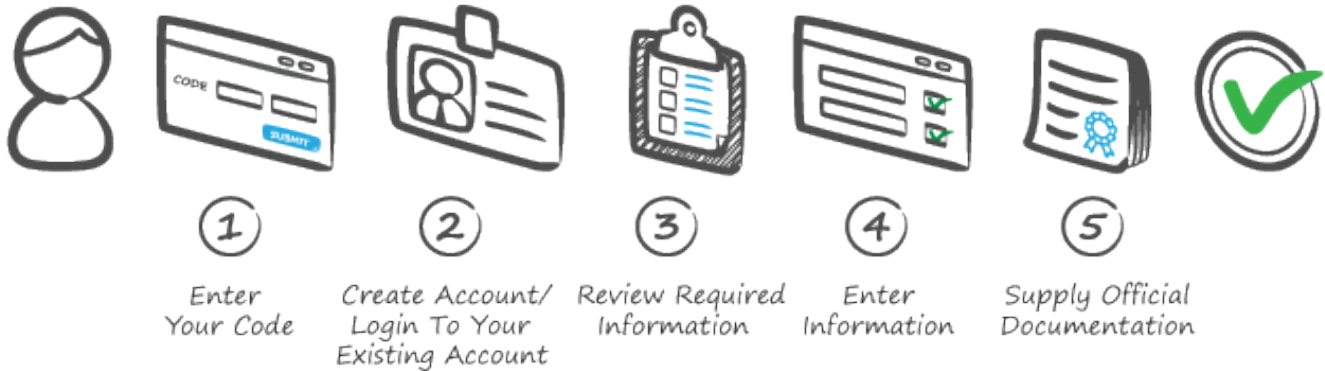
**TIME SENSITIVE**

DO NOT DELAY

### ATTENTION Students:

We've partnered with Verified Credentials, Inc. to help you supply the required qualifications for your program. To get started, carefully follow the instruction below:

### How it Works:



**IMPORTANT** – Use the CODE that matches your phase:

Program Phase:	Code:
Admission Background Check - AAS in Respiratory Therapy Program	VWRTR-87876

**GET STARTED NOW** at:

<https://scholar.verifiedcredentials.com/eosc>

For Best Results - Use a **laptop** or **desktop computer** to complete this process.

Use the link and code found on the instruction letter provided by Eastern Oklahoma State College. If after reviewing these instructions you continue to have questions or experience difficulty, please contact the Verified Credentials Client Services team at [clientservices@verifiedcredentials.com](mailto:clientservices@verifiedcredentials.com) or 1.800.938.6090.



## Background Information Center

# Welcome

to **QualifiedFirst®** by Verified Credentials, Inc.

Your school has partnered with Verified Credentials to help you complete your program requirements.

## Get Started Here!



### First Time Users:

Enter your code and register...

Code:  -

**Get Started!**

[Can't Remember Your Code?](#)

Once you enter the code under First Time Users and click "Get Started!" you will be taken through the following steps to create your new QualifiedFirst (QF) account. Please double check all information entered as this demographic information will be used to process your background check.

**QualifiedFirst®**  
by VERIFIED CREDENTIALS

[Customer Support](#)

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**Create a New Account**  
Registration is easy and only takes three steps.  
To create a new account, please complete all fields below.

[Already Have an Account?](#)  
**Log In**

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**1 Personal Information**  
Please start by entering in your name and contact information below.

First Name:  ★

Middle Name:

Last Name:  ★

Country:  ★

Address Line 1:  ★

City:  ★

State:  ★

Zip Code:  ★

Primary Phone:   ★

E-mail:  ★

Confirm E-mail:  ★

Choose a method to receive notifications regarding your account.

Notification Preference:  Text Message (Recommended)  Email  Both [Why do you need this?](#)

**2 Create Username / Password**  
Choose a Username and a Password and answers to two security questions which will be used for password recovery.

Username:  ★

Password:  ★

Confirm Password:  ★

1st Secret Question:  ★

Answer:  ★

2nd Secret Question:  ★

Answer:  ★

\*\*You will need to remember your login details for accessing your QF account in the future.

**3 Terms of Use**  
Please accept the QualifiedFirst® Terms of Use Agreement.

I HAVE READ AND AGREE TO THE FOREGOING TERMS OF USE

**NOTICE:** Canceling and declining the Terms of Use will result in denial of your access to the QualifiedFirst® Service.

★ - Required fields

Your privacy and security are of utmost importance to us. We don't pass this information on to third parties. See our [Privacy Policy](#) for complete information.

Cancel

Sign In

Once you have created your QualifiedFirst account, you will review the Disclosure, Summary of Rights and sign the Authorization form online. You will then be prompted for payment (Credit card, debit card or PayPal). If not prompted for payment, the school has arranged payment for use of the code. After these steps are complete, your order will go for processing.

When your background check is complete, you will receive a notification via email or text (whichever you selected when setting up your profile) alerting you to log into QualifiedFirst and review the report. Once logged in, you will be asked to confirm the accuracy of the report and provide permission to send the report to Eastern Oklahoma State College. They will NOT receive your report without you completing these steps. Samples of each notification type are below.

*Email example-*

Hi (Name),

Your background report is now complete **and ready for you to review!**

**IMPORTANT NEXT STEP:**

You MUST log back into your QualifiedFirst account to review your Background report.

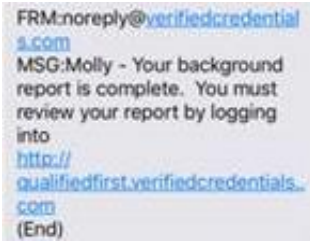
<http://qualifiedfirst.verifiedcredentials.com>

Thank you for being a QualifiedFirst customer!

QualifiedFirst Support Team



Text example-



FRM:noreply@verifiedcredentials.com  
MSG:Molly - Your background report is complete. You must review your report by logging into <http://qualifiedfirst.verifiedcredentials.com>  
(End)

When logged into QualifiedFirst, you will also see the following notification with link to approve the report.



The page where you must review the report for accuracy will have the below messaging and options.

IMPORTANT NEXT STEPS:

1. Review and Confirm

(A copy of your pdf report will be available for review)

Does everything in your report look okay?

- YES, I have reviewed my background check and everything in it is accurate.
- NO

2. A Message from Eastern Oklahoma State College

Eastern Oklahoma State College would like you to send them a copy of your report. Please reply with your decision. Select from the following choices:

- YES, I want to send this report to Eastern Oklahoma State College now.
- NO, and I authorize QualifiedFirst to let Eastern Oklahoma State College know that I won't be sending a copy of my report.

Click the Finished or Send Report button to complete.