

This program application must be submitted to David Goswick by email [dgoswick1@lakelandcc.edu](mailto:dgoswick1@lakelandcc.edu) or by mail to address: Lakeland Community College, Attention: David Goswick, 7700 Clocktower Drive, Kirtland, Ohio 44094. Incomplete or late applications will result in a delay of processing and entry into this program.

**PLEASE PRINT LEGIBLY.**

Name: \_\_\_\_\_ Lakeland ID#: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Lakeland Email Address: \_\_\_\_\_

**PLEASE NOTE: YOU WILL BE EMAILED YOUR ACCEPTANCE LETTER THROUGH YOUR LAKELAND EMAIL ACCOUNT. YOU WILL ALSO BE EMAILED IF THERE ARE ANY PROBLEMS. THE PREREQUISITED GRADE POINT AVERAGE (GPA) FOR THE PROGRAM IS 2.5**

**YOU MUST MEET THE PREREQUISITE PROGRAM GRADE POINT AVERAGE (GPA) LISTED ABOVE AS WELL AS A CUMULATIVE GRADE POINT AVERAGE (GPA) OF A 2.0. YOU MUST ALSO MAINTAIN A CUMULATIVE GPA OF 2.0 WHILE YOU ARE ON THE WAITING LIST.**

Students who wish to enter the respiratory therapy program must meet the criteria of one of the following three options. Applicants who have completed all the requirements for admission will be accepted on a space-available basis. If completion of the criteria occurs after the incoming class is filled, students will be admitted into the next available class.

**PLEASE CHECK THE APPROPRIATE ADMISSIONS OPTION**

- OPTION 1: HIGH SCHOOL OPTION** (If you are a current College Credit Plus (CCP) Student Check this box as well).  
Student should submit this form at the time of application to Lakeland Community College. This option is for current high school seniors and high school graduates who apply to the program within two years of high school graduation. Student must have all of the following:
- A. A composite score on the American College Test (ACT) of 21 or higher or a combined Scholastic Aptitude Test (SAT) score of 940 or higher.
  - B. Place into MATH 1330 *Statistics for Health Sciences* or higher or complete MATH 0850 *Beginning Algebra*.
  - C. Completion of high school algebra, chemistry and biology with a grade of "C" or higher.
  - D. An overall high school GPA of 2.5 or above on a 4.0 scale or equivalent.
  - E. An official copy of your high school transcript at the time of application and again, once graduated, if still in high school.
- OPTION 2: COLLEGE OPTION:** (If selected, please fill in the blanks below)  
Students pursuing this option should submit this form **AFTER SUCCESSFUL COMPLETION OF PRE-ADMISSION ENTRANCE (TEAS) TEST AND COMPLETION OF MANDATORY PREREQUISITE COURSES.** The following courses must be completed with program specific GPA requirements. Incomplete applications will not be accepted. **Mandatory prerequisites:**
- \* **BIOL 2210 Anatomy and Physiology I:** grade \_\_\_\_\_
  - MATH 1330 Statistics for Health Sciences (or equivalent):** grade \_\_\_\_\_  
*NOTE: You are only allowed TWO attempts on BIOL 2210, an MATH 1330 or equivalent to earn a 2.5 GPA*
  - Health Technologies Pre-Admission (TEAS) Test Date Completed:** \_\_\_\_\_  
*NOTE: Students must earn at least a 55% on the TEAS test, and are only allowed TWO attempts*
  - An official copy of your high school transcript with the graduation date on it or a copy of your General Educational Development (GED). (Must be submitted to the Student Services Center (SSC), A – 1003) Verified with SSC (Y/N):** \_\_\_\_\_  
*\* BIOL 2210 has the prerequisite of BIOL 1200 or CHEM 1100, or high school chemistry and biology in the last five years or a passing score on biology placement test/CLEP test.*
  - Submit a copy of official college transcripts AND meet with an academic advisor – Advisor’s Name:** \_\_\_\_\_
- OPTION 3: ADVANCED EDUCATION OPTION** (If selected please fill in Option 2 boxes, except for TEAS Test)  
Students pursuing this option must have an Associate of Applied Science degree in nursing or an allied health field, a bachelor’s degree in any major, or an Associate of Science degree to be waived from the preadmission TEAS testing. All other option 2 requirements apply.  
Name of College: \_\_\_\_\_ Degree: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

**IMPORTANCE NOTICE**

**PLEASE BE AWARE THAT ALL STUDENTS ENROLLED IN A NURSING AND/OR ANY ALLIED HEALTH PROGRAM/CERTIFICATE MUST COMPLETE A CRIMINAL BACKGROUND CHECK. STUDENTS WITH A CRIMINAL RECORD MAY BE INELIGIBLE TO PARTICIPATE IN A CLINICAL COURSE/ROTATION/PRACTICUM, RECEIVE A PROFESSIONAL LICENSURE/REGISTRATION, OR OBTAIN EMPLOYMENT IN THE HEALTH FIELD.**

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