

Union County College  
**A.A.S. Degree in Respiratory Care**

**Application for Admission**



# Union County College

## **A.A.S. Degree in Respiratory Care**

Dear Prospective Respiratory Care Student:

We are delighted that you have chosen Union County College to begin your journey towards becoming a Respiratory Care Practitioner. Here at Union County College we have developed a two -year program to prepare you for an entry-level career as a healthcare professional. Respiratory Care Practitioners are members of rapid response and trauma teams that respond to medical emergencies and coordinate care with other healthcare professionals in hospital, long term and home care settings. Respiratory Care Practitioners initiate and manage mechanical ventilation, assist physicians with special procedures, and provide vital patient and caregiver education. Our respiratory care laboratory, clinical affiliates and instructors will assist you in developing the necessary skills needed to become a licensed, competent respiratory care practitioner.

The respiratory care field is rapidly evolving and here at Union County College we strive for excellence and are prepared to provide you with the education and clinical experiences that will assist you in pursuing specialty credentials or continuing your formal education.

We look forward to working with you to achieve your educational goals.

In the meantime, if you have any questions or need further information about our program you may contact:

Ms. Marquita Fitzpatrick, MA, RRT  
Director of Clinical Education  
908-412-3573  
[marquita.fitzpatrick@ucc.edu](mailto:marquita.fitzpatrick@ucc.edu)

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**Instructions**

Admission to the A.A.S. degree program in Respiratory Care at Union County College requires additional criteria for selection. Students must first be admitted to the College prior to submitting an application for admission to the Respiratory Care program. For information about applying to Union County College please visit: [Admissions](#)

To apply to the College, go to: [Apply Now](#)

Students who wish to be enrolled in the Respiratory Care Program must complete this application. For full consideration, you must submit an application with supporting documents, including unofficial transcripts, to: Ms. Kathleen Wittrock

**Email:**

[Kathleen.Wittrock@ucc.edu](mailto:Kathleen.Wittrock@ucc.edu)

**Postal Mail:**

Ms. Kathleen Wittrock  
Division of Allied Sciences, Plainfield Campus  
Union County College  
232 E. 2<sup>nd</sup> Street  
Plainfield, NJ 08070

**Please submit official transcripts to:**

Union County College Admissions Office  
1033 Springfield Avenue  
Cranford, NJ 07016

- Official high school transcript or GED scores (no college or prior course work was completed at union County College)
- Official transcripts from other colleges/universities attended
- A World Education Services ® evaluation of foreign transcripts

Completed applications are reviewed on a rolling basis, and qualified applicants who completed the admission process and were accepted will be admitted until each class reaches capacity. When there are more applicants than seats for each class, a waiting list is maintained by the Division of Allied Sciences.

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Applicants seeking to transfer credits from previously completed respiratory care courses will be reviewed for advanced placement on a case by case basis and contingent upon the following:

- Credits must be from an accredited college or university and a CoARC accredited respiratory care program;
- Review of course content, description and competencies to ensure equivalency;
- Demonstration of required core competencies prior to placement with program faculty approval

Applicants for advanced placement in respiratory care may contact the program director for more information. For information about applying to the College or transferring credits please go to: [Transfer Students](#) or contact:

Student Service Center  
Plainfield Campus  
908-412-3550

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### Admission Requirements

1. Completion of a Respiratory Care Program application
2. Two (2) letters of recommendation (teacher, counselor, or professional)
3. Successful completion of the following high school or college level coursework in: Chemistry, Math, English and Biology
4. If you have college credits, you must have earned a grade point average (GPA) of 2.5 or higher at Union County College or other accredited college or university within the past five (5) years
5. A clear Criminal Background check by our vendor Adam Safeguard. Please complete the following [Criminal Background Release Form](#).
6. Proof of Professional liability insurance, "Proliability," (Please read 'Proliability' below for more information).
7. Must have a [Student Health Form](#) completed by a Licensed Physician or Nurse Practitioner.
8. Immunization Records: The State of New Jersey requires all full-time students born after December 31, 1956 to be immunized against measles, mumps, Rubella and Hepatitis B, or prove that they meet one of the exemption requirements

\*Students *will not* be assigned a clinical rotation/assignment unless the following requirements are met.

### Proliability

Professional liability insurance having a minimum of 1 million dollars per claim and 3 million aggregate **must** be obtained prior to the start of the RSP101 Fundamentals of Respiratory Care course.

For more information, please contact:

Michael Miller  
866-956-2774 ext. 84173  
8 AM to 4:30 PM CST Monday thru Friday

Or please visit:  
Professional Liability Insurance  
[AARC Proliability](#)

Email completed application ([Professional Liability Insurance Program Student Application](#))

### Medical Clearance

Medical clearance, completed Student Health Form, must be completed and submitted prior to the start of RSP 101 Fundamentals of Respiratory Care.

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### **Criminal Background Checks**

Clinical affiliates mandate criminal background checks for all students in patient care settings. Each student must undergo a criminal background check prior to admission to the program. These checks require a valid social security number. Federal and state laws preclude persons with certain criminal backgrounds from being in contact with children and patients. A felony conviction may affect a student's admission to the program and ability to attain state licensure.

Some clinical affiliates require annual background checks and students will be subject to another background check. These checks are conducted by an external vendor and payment is the student's responsibility. The results of the checks are forwarded to the College and upon request, to clinical affiliates. The vendor will evaluate the information and make the final determination whether the student can engage in patient care. If a student is denied clinical placement by any clinical affiliate due to criminal history information, that student will be dropped from the program.

### **Disability Services**

Union County College is committed to providing an inclusive educational experience for students with disabilities. The College adheres to the requirements of the Americans with Disabilities Act, including the recent Amendments, and Section 504 of the Vocational Rehabilitation Act of 1973 which prohibit discrimination on the basis of disability. For more information click [Disability Support Services](#)

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### APPLICATION FORM

**Please print clearly or type**

APPLICANT INFORMATION										
Last Name			First			M.	Date			
Street Address					Apartment/Unit #					
City			State			ZIP				
Phone			E-mail Address							
Semester Requested				Student ID No.			GPA			
Are you currently attending Union County College?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you attending another college?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
If you are not currently attending Union County College, have you applied?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?					
Have you ever been convicted of a felony?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain					

EDUCATION									
High School			City/State						
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
College			City/State						
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
College			City/State						
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
College			City/State						
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
College			City/State						
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
College			City/State						

COURSE WORK – Attach an unofficial copy of your Union County College transcript showing courses completed/transferred										
Have you completed all ESL and developmental courses (i.e., ENG 097, MAT 017)							YES	NO		
COURSES	SEMESTER COMPLETED	GRADE	CURRENTLY TAKING	WHAT COLLEGE?						

Grades of 'C' or better are required in all ESL, developmental and general education courses.

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COURSES	SEMESTER COMPLETED	GRADE	CURRENTLY TAKING	WHAT COLLEGE?
<b>OTHER COURSES – CURRENTLY ENROLLED OR COMPLETED</b>				

<b>DISCLAIMER AND SIGNATURE</b>	
<p>I certify that my answers are true and complete to the best of my knowledge.</p> <p>If this application leads to enrollment, I understand that false or misleading information in my application may result in my dismissal from the Program.</p>	
Signature	Date

\*Union County College does not discriminate based on race, color, national origin, sex, age or disability.



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**Recommendation Form**

**Application Checklist**

Items:	Yes	No
Respiratory Care Program Application Form	<input type="checkbox"/>	<input type="checkbox"/>
Applicant Acknowledgement Form	<input type="checkbox"/>	<input type="checkbox"/>
Unofficial transcripts	<input type="checkbox"/>	<input type="checkbox"/>
Official Transcripts	<input type="checkbox"/>	<input type="checkbox"/>
(2) Letters of Recommendation	<input type="checkbox"/>	<input type="checkbox"/>
Completed Criminal Background Check	<input type="checkbox"/>	<input type="checkbox"/>
Completed Health Form	<input type="checkbox"/>	<input type="checkbox"/>
Proof of Proliability Insurance	<input type="checkbox"/>	<input type="checkbox"/>
Immunization Records	<input type="checkbox"/>	<input type="checkbox"/>