



Verification of Prerequisites for Enrollment in the Respiratory Care Program

The Antelope Valley College respiratory care program is accredited by the Commission on Accreditation for Respiratory Care (CoARC). All students wanting to enroll in Respiratory Care Program should follow these instructions.

Prerequisites for RCP 101 in the Associate Degree Respiratory Care Program are: Completion of BIOL 101 (General Biology – 4 units), BIOL 201 (General Human Anatomy – 4 units), BIOL 202 (General Human Physiology – 4 units) CHEM 101 (Introductory Chemistry – 5 units), MATH 102 or higher and ENGL 101 (Academic Composition - 3 units) at Antelope Valley College or the equivalent at another accredited college. All science courses require a lab. Students are also required to meet the following prerequisites: minimum GPA of 2.0 for all college courses taken; minimum GPA of 2.0 for BIOL 101, BIOL 201, BIOL 202, CHEM 101, English 101, and Math 102 or higher.

1. Fill out the form attached to these instructions.

NOTE: You are responsible for notifying the Health and Safety Sciences Division office when you change your address or telephone number. Please call 661-722-6300, extension 6402, to do this.

2. Attach proof of high school graduation or high school equivalency. If you have a degree awarded by an accredited United States college, skip to step 3.

We accept the following proof of high school graduation or equivalency:

- Official transcript from an accredited high school in the United States, showing date of graduation.
- Official GED results.
- Official evaluation of foreign transcripts by an agency accredited by the National Association of Credential Evaluation Services (NACES). The evaluation must state that the student has the equivalent of senior (12th grade) graduation in the United States.

3. Attach official transcripts from ALL colleges attended (including Antelope Valley College). One set of transcripts from other colleges/universities must also be on file in the Admissions and Records Office. If you have Advanced Placement (AP) credits, an official transcript must be included, if credit was awarded for English 101 or Math. "Official" college transcripts must be submitted in sealed envelopes that have not been opened by the student and must reflect all grades completed at the time the packet is submitted.

4. Attach a copy of the Educational Planning and Evaluation Form completed by an AVC counselor. Call 661-722-6300, extension 6338, to schedule an appointment. The form should be completed no more than one semester prior to submitting the enrollment packet. If you are requesting an equivalency or substitution, allow at least six weeks for the process to be completed. All students must see an AVC counselor before they submit an enrollment packet. Counselors complete Educational Planning and Evaluation Forms by appointment only.

5. Submit the items listed in numbers 1-4 to the Health and Safety Sciences Division office (UH 198, first floor, Uhazy Hall). Office hours are Monday through Thursday, 7:30 a.m. to 6 p.m. and Friday, 7:30 a.m. to 11:30 a.m. Enrollment packets may also be mailed. Only official documents will be accepted. Faxed documents are not official and are not accepted. **INCOMPLETE PACKETS WILL NOT BE CONSIDERED.**

Student applications will be ranked according to the multi screening criteria and enrollment will be based on the points system. Applications must be turned in by June 1 to be considered for the fall semester.

NOTE: The Respiratory Care Board of California requires applicants for licensure to submit fingerprints for criminal background check and driver history. The Board may deny a license for reasons specified in the Business and Professions Code, sections 480 and sections 3733 through 3763. Completion of an educational program in respiratory therapy does not guarantee that a license will be granted by the Board.

Antelope Valley College prohibits discrimination and harassment based on sex, gender, race, color, religion, national origin or ancestry, age, disability, marital status, sexual orientation, cancer-related medical condition, or genetic predisposition. Upon request, we will consider reasonable accommodation to permit individuals with protected disabilities to (a) complete the employment or admission process, (b) perform essential job functions, (c) enjoy benefits and privileges of similarly-situated individuals without disabilities, and (d) participate in instruction, programs, services, activities, or events.

Transfer students please initial below

Transfer student requesting placement in _____ semester



3041 West Avenue K, Lancaster, CA 93536-5426

VERIFICATION OF PREREQUISITES FOR ENROLLMENT IN THE RESPIRATORY CARE PROGRAM

(Please print or type information and sign on the back of the page where indicated)

For Office Use Only

Date Received: _____

Time Received: _____

Complete: Yes___ No___

Reason: _____

Date/time Completed after errors resolved: _____

AVC ID Number _____

Telephone _____

E-mail address _____

Name _____

Last

First

Middle

Maiden and Other Names Used

Address _____

Number and Street

City

State

Zip Code

	Name of School	Address	Entrance Date	Graduation or Departure Date
High school(s) attended				
College(s) attended (include AVC)				

Initial the spaces that apply to you:

- _____ I have completed BIOL 101 (General Biology – 4 units) at Antelope Valley College.
- _____ I have completed _____ units of General Biology at _____ (if not taken at AVC).
- _____ I have completed CHEM 101 (Introductory Chemistry – 5 units) at Antelope Valley College.
- _____ I have completed _____ units of Introductory Chemistry at _____ (if not taken at AVC).
- _____ I have completed BIOL 201 (General Human Anatomy – 4 units) at Antelope Valley College.
- _____ I have completed _____ units of General Human Anatomy at _____ (if not taken at AVC).
- _____ I have completed BIOL 202 (General Human Physiology – 4 units) at Antelope Valley College.
- _____ I have completed _____ units of General Human Physiology at _____ (if not taken at AVC).
- _____ I have completed ENGL 101 (Academic Composition – 3 units) at Antelope Valley College.
- _____ I have completed _____ units of English at _____ (if not taken at AVC).
- _____ I have completed MATH 102 or Higher at Antelope Valley College.
- _____ I have completed MATH 102 equivalent or higher at _____ (if not taken at AVC).
- _____ I have met with an Antelope Valley College counselor for completion of an Educational Planning and Evaluation Form.

I understand that this form is a request for review of prerequisites for respiratory care courses. Final registration in the Associate Degree Respiratory Care Practitioner (RCP) program depends upon completion of all institutional and departmental prerequisites. I understand that it is my responsibility to notify the Health and Safety Sciences Division office of any change of address or telephone number. I understand that I will be required to have a physical examination, drug screen and background screen before registering for respiratory care courses, and the results may affect registration in the respiratory care program. Students are notified of their acceptance by email/mail.

By signing this form I am stating that all information provided is accurate and I have submitted transcripts from all colleges and universities that I have attended. I understand that falsifying or omitting any information is fraud. At any point if it is discovered that a student has omitted or falsified academic or personal information required by the college or program, the student will be disciplined according to Antelope Valley College Board Policies, Section 5500, and the college disciplinary process.

Signature of Student

Questions Related to Multi Screening Criteria for RCP

- | | | |
|--|-----|----|
| 1. I have earned a BS or BA academic degree.
If YES, official transcripts are required to document BS or BA Degree. | YES | NO |
| 2. I have a current Respiratory License.
Provide a copy of current license. | YES | NO |
| 3. I have medical military experience.
Provide DD-214; Honorable Discharge | YES | NO |
| 4. I have medical experience.
Provide a copy of current license or proof of experience. | YES | NO |
| 5. I have military experience.
Provide DD-214; Honorable Discharge. | YES | NO |

By signing this form, I affirm that I have answered correctly and honestly to all questions.

Print Name

Date

Signature

900_____
Student Number