



Hannibal Career and Technical Center

4550 McMaster's Avenue
Hannibal, MO 63401-2285

Telephone: 573-221-4430 ♦ Fax: 573-221-7971

**Application for Admission to Online Course in Respiratory Care
CRT to RRT Program**

A non-refundable application fee of \$15.00 must be submitted with this form

Please print legibly and complete form in ink.

Name currently used: _____
Last First Middle

Name on birth certificate: _____
Last First Middle

Address: _____
Street or RFD City State ZIP

Email Address: _____

Telephone: Home: () _____ Work: () _____

Cell: () _____ Social Security #: - -

High school graduate? Yes No • If not, do you have a high school equivalency certificate? Yes No
Where was it taken? _____ Date: _____

Educational Background Please give full names and addresses of school(s) which include college(s) or post-secondary school(s)

Name and location of school	Years completed	Did you graduate?	Dates of Attendance

Work Experience Please give full names and addresses of employer(s) starting with the most recent:

Name of Employer	Address	Job Title	Dates of employment	Reason for leaving

Why do you want to enter this program? _____

How do you plan to pay for tuition? Federal Pell Grant Eligible for VA Benefits Gamm
 Other (identify sources) _____

Have you ever been denied a credential and/or license by any professional or legislative appointed body? Yes No
If yes, explain in detail on a separate sheet of paper.

Have you ever been convicted of any crime (including traffic violations and related instances)? Yes No If yes, explain in detail. (Use a separate sheet if necessary.) _____

Admission requires a letter of recommendation from your Director detailing your clinical expertise.

Certification Statement and Signature

I certify that all statements made on this document are true and complete to the best of my knowledge and that I have withheld nothing that would, if disclosed, affect my application unfavorably. Falsifying information on this application will result in termination.

Signature of applicant

*Date

*This application is valid for one year from the date indicated.

How did you hear about this program?

- Radio Online Family and/or Friend
 Other School Other _____
