



**Kapi'olani Community College
RESPIRATORY CARE PRACTITIONER PROGRAM APPLICATION**

Application Period: April 1 – May 31

APPLICATION SUBMISSION PROCEDURES

Directions: Submit this program application and all required documents to the Health Careers Counseling Center via UH File Drop by the posted deadline. *We will not be accepting in-person applications.*

To use file drop follow the directions below:

1. Scan application and all supporting documents
 - a. If you do not have access to a scanner, use a free smartphone app like *Scannable* or *Scanner Pro* or *Cam Scanner*. Save your application and all supporting documents in PDF format.
2. From any web browser, go to <https://www.hawaii.edu/filedrop>
3. Log in as a UH User or Non-UH user (Non-UH Users will be sent a verification email, click on the link in the email)
 - a. In the recipient field, type: hlthsci@hawaii.edu
 - b. Click in the drop down menu in the expiration timer, change it to 14 days
 - c. In the “Optional Message” field, enter FULL NAME and the PROGRAM you are applying to
 - d. After you’ve completed the Recipient field, extended the expiration timer, typed in the Optional Message, click Proceed.
 - e. Click the Choose File button to browse for your application and supporting documents.
 - i. If you upload your documents in different files (i.e. application, transcripts, etc), please write a description of the file in the Description box.
 - f. Click the Start Upload button.
 - g. You will be redirected to a confirmation page with the link to your uploaded file. You’re finished.

Please contact us at hlthsci@hawaii.edu or 808-734-9224 if you have any questions or need assistance with these application submission procedures.



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Application Period: April 1 – May 31

Directions: Please complete each item by typing directly into the fields or neatly printing on a hardcopy, and submit this application with all required documents to the Health Careers Counseling Center via [UH File Drop](#) by the posted deadline. If the application deadline falls on a weekend or recognized holiday, applications will be accepted on the following business day.

APPLICANT INFORMATION

| | | | |
|--|---------------------------|--------------------|----------------|
| Name: | _____ | UH Number/Username | _____ |
| | Last Name First Name M.I. | | |
| Mailing Address: | _____ | | |
| | Street / POB | City | State Zip Code |
| Phone: | _____ | _____ | _____ |
| | Cell | Home | Work |
| UH SYSTEM Email Address: | _____ | | |
| List other name(s) used on documents: | _____ | | |
| (Notify the KAPCC Kekaulike Information & Service Center regarding other names used on college documents.) | | | |

APPLICATION CHECKLIST

1. **Attend a Mandatory RESP Program Information Session within one year of the application deadline.**

Date Attended: _____ (Month / Day / Year)

2. **Apply and complete steps to become a KapCC student if currently not a student of the UH system.** (<http://apply.hawaii.edu>)
3. **Attach college transcripts for courses completed within the University of Hawai'i System if applicable.** Print out and attach unofficial transcripts for all course work WITHIN the UH System and highlight all prerequisite/qualification courses. Download UH system transcripts from STAR (star.hawaii.edu).
4. **Attach college transcripts for courses completed outside the University of Hawai'i System if applicable.** If transferring courses from institutions outside the UH System, please list the institution and when your transcript was requested:
 - Institution: _____ Transcript Request Date: _____
 - Institution: _____ Transcript Request Date: _____
 - Institution: _____ Transcript Request Date: _____



My external transcripts have been evaluated by KCC. *Submit your transfer course report from STAR (star.hawaii.edu/) and highlight all qualification courses.*

My external transcripts have not been evaluated by KCC. Submit unofficial copies with this application, send official copies to the KCC Kekaulike Information & Service Center, and complete the online **Request for Transcript Evaluation form.** (<https://go.hawaii.edu/y6x>)
To complete this form, you must log in with your UH Email account.

5. **"My Plan Initiative."** Complete self-assessments.
6. **Letters of Recommendation:** Applicants must submit three (3) letters of recommendation from individuals related to your work, volunteer, and/or educational experiences in the health pathway. Letters must include the recommender signature, contact phone number and/or email. ***All letters of recommendation must be received by May 31.*** Letters must be mailed/mailed to the RESP Program Director at:

Dr. Jung Eun Kim, RESP Program Director OR Jung Eun Kim <jungeun@hawaii.edu>
Kapiolani Community College
Health Sciences Department, Kauila 122
4303 Diamond Head Road
Honolulu, HI 96816
7. **Application Essay:** A typed 400-500 word essay is required as part of the application. Please submit your essay using the template provided in this packet.

APPLICANT CERTIFICATIONS:

I certify that the answers and responses provided for all of the items on this Admissions Application/Check List are true to the best of my knowledge and belief. I understand that providing incorrect or false information will subject me to the requirements and/or discipline measures as provided under the University's Student Conduct Code. I understand that if I am not accepted into the program of application, I must submit a new application and all required documents for any subsequent semester. I also allow KISC to change my major and home institution if I am accepted into the RESP program. I understand that if I am not accepted into the RESP program, my home institution and major will not change.

"Health care students are required to complete University prescribed academic requirements that involve practice in a University affiliated health care facility setting with no substitution allowable for the completion required clinical practice. Failure of a student to complete the prescribed clinical practices shall be deemed as not satisfying academic program requirements. It is the responsibility of the student to satisfactorily complete any criminal background checks and drug testing that may be required by the affiliated health care facility to which he/she is assigned for clinical practice in accordance with procedures and timelines as prescribed by that affiliated health care facility."

I have read and understand the notification that a background check and drug test may be required for entry into clinical practice. I also understand that clinical practice is required for completion of this program. _____ (please initial)

I understand that priority selection is given to [Hawai'i State residents for tuition purposes](#) and that non-residents will be considered after all qualified residents have been accommodated per Board of Regents Policy. _____ (please initial)

Print Name _____ Signature _____ Date _____



EXAMPLE of how to complete the application:

| ↓ These are the requirements ↓ | ↓ Tell us what class you took to meet each requirement ↓ | | | | Circle Points | | |
|---|--|-----------------------|-------------|-------------------|---------------|--------|--------|
| | | | | | A ↓ | B ↓ | C ↓ |
| RESPIRATORY CARE PRACTITIONER Prerequisite Courses Must be completed by application deadline. | Course Alpha | Term of Completion | Institution | Grade/ Credits | Points | | |
| | | | | | | | |
| ENG 100 Composition I (3) | WRI 1200 | Fall 2017 | HPU | B / 3.0 | 3 | 2 | 1 |
| MATH 100 OR higher (3) (Recommend MATH 103 OR 115) | MATH 115 | Sp 2015 | KCC | A / 3.0 | 9 | 6 | 3 |

CRITERION FOR ACCEPTANCE:

Qualification is based on scores for completed prerequisite course grades and a scheduled personal interview, essay, letters of reference, and proof of college degree (if any). Selection is based on total qualifying scores in rank order from the highest score until admission quota is met for Respiratory Care.

| Prerequisite Courses Must be completed by application deadline. | Course Alpha | Term of Completion | Institution | Grade/Credits | Points |
|--|---------------------|---------------------------|--------------------|----------------------|------------------|
| GENERAL EDUCATION REQUIREMENTS | | | | | |
| ENG 100 Composition I (3) | | | | | 6 5 4 |
| MATH 100 OR higher (3) (Recommend MATH 103 OR 115) | | | | | 11 9 7 |
| HLTH 125 Survey of Medical Terminology OR HLTH 110 Medical Terminology | | | | | 5 4 3 |
| PSY 100 Survey of Psychology (3) OR FAMR 230 Human Growth & Development (3) | | | | | 3 2 1 |
| CHEM 100 Chemistry & Man OR higher (3) | | | | | 15 13 7 |
| PHYL 141 Human Anatomy & Physiology I (3) AND PHYL 141L Human Anatomy & Physiology I Lab (1) | | | | | 15 13 7 6 5 4 |
| PHYL 142 Human Anatomy & Physiology II (3) AND PHYL 142L Human Anatomy & Physiology II (1) | | | | | 15 13 7 6 5 4 |
| MICR 130 General Microbiology (3) | | | | | 9 6 3 |
| MICR 140 General Microbiology Lab (2) | | | | | 6 4 2 |
| A. S. Humanities (100 Level or higher) (3) (Recommend HWST 107) | | | | | 3 2 1 |
| TOTAL POINTS (out of a max of 100) | | | | | _____/100 |

Application Summary: For office use only

Date Received: _____

Counselor's Initials: _____ Application Complete: _____

HI Resident: Y N

KapCC GPA Verified: _____

Kapi'olani Community College, Health Sciences and Emergency Medical Services Departments
 4303 Diamond Head Road, Kauila 106 ♦ Honolulu, Hawai'i 96816-4421 ♦ Telephone: (808) 734-9224
 Website: www.kapiolani.hawaii.edu
 An [Equal Opportunity/Affirmative Action](#) Institution



UNIVERSITY of HAWAII®
KAPĪ'OLANI
COMMUNITY COLLEGE

RESP CARE Application

Kapi`olani Community College Personal Essay RESP CARE Program

Name: _____

UHID: _____

Review the essay options below, and identify the question you will answer by checking the box next to the question. In 400-500 words, respond to the question you chose.

What motivated you to pursue a career in respiratory care? Share personal experiences or instances that inspired your interest in this field.

Outline your short-term and long-term professional goals in the field of respiratory care. How does obtaining admission to this program align with your career aspirations?

Reflect on any relevant experiences or knowledge you have acquired that you believe will be valuable in the respiratory care profession. Provide specific examples.



UNIVERSITY of HAWAII®
KAPĪ'OLANI
COMMUNITY COLLEGE

RESP CARE Application

**Kapi`olani Community College
Personal Essay
RESP CARE Program**

Name: _____

UHID: _____



Kapi'olani Community College
MY PLAN
Self – Assessment

The My Plan Self-Assessment is a counseling tool for prospective healthcare majors to help you identify and better understand your career pathway, strengths, and areas of focus. Working in healthcare requires a combination of academic and professional knowledge and skills and a commitment to public service. As you plan, find ways to make your strengths shine and to improve your weaker areas. Please complete this self-assessment by marking the appropriate boxes. All response are voluntary. This assessment does not affect your eligibility for admission. This assessment and is used for all ten Health Academic programs, therefore there may be some statements that do not apply to your specific program.

| Knowledge of the Profession | Below Expectations | Meets Expectations | Exceeds Expectations |
|---|-------------------------------|-------------------------------|---------------------------------|
| Identified career goals in my health pathway | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Identified career alternatives in my health pathway | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Relevant experience – by volunteer experiences | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Relevant experience – by servicing learning experiences | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Relevant public service – by paid work experiences | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Understand “professional qualities” of health pathway(s) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Understanding of current healthcare issues | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Comfort with bodily fluids or personal patient care | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Comfort with illness | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Comfort with injury | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Comfort with death | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Comfort with physical contact with people | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Ability to multitask and adapt to change | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Ability to accept constructive feedback | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Ability to handle occupational crises, challenges or problems | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Ability to move forward to achieve the goals and outcomes | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Ability to follow safety guidelines and standards of practice | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

| Personal Characteristics | Below Expectations | Meets Expectations | Exceeds Expectations |
|--|-------------------------------|-------------------------------|---------------------------------|
| Demonstrate commitment to public service | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Demonstrate empathy/altruism | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Demonstrate moral/ethical integrity | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Demonstrate emotional maturity | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Demonstrate good interpersonal relationships | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Accept responsibility | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Ability to work independently to achieve the goal/task | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Collaborate and teamwork to achieve the goal/task | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Accept and demonstrate leadership | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Be dedicated/hard-working healthcare practitioner | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Committed to life-long learning | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |



Kapi'olani Community College
MY PLAN
Self-Assessment

| Academic Strength | Below Expectations | Meets Expectations | Exceeds Expectations |
|---|-------------------------------|-------------------------------|---------------------------------|
| +Completed prerequisites of health program of study | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| +Completed support courses of health program of study | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Achieved minimum cumulative GPA for program entry | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Achieved prerequisite course GPA for your program entry | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Effective verbal and nonverbal communication skills | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Ability to utilize technology effectively for learning | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

| Established Support Systems to Succeed in Health Pathway Program | Below Expectations | Meets Expectations | Exceeds Expectations |
|---|-------------------------------|-------------------------------|---------------------------------|
| Established support for transportation to externships | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Established support for financial assistance prior to entry | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Established support for nonacademic responsibilities | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Established support for personal and time management skills | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Established support for continuous professional learning | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Established opportunities to balance personal, family, & school | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Established support for campus and community resources | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

+As required for program entry and graduation or meet other requirements as directed for program admissions.

The University of Hawai'i does not discriminate on the basis of race, sex, age, color, national origin, or disability. For inquiries regarding our nondiscrimination policies, please contact the Kapiolani Community College designees:

Deneen Kawamoto, ADA Coordinator for Students Office: 'Ilima 107
(808) 734-9522; deneenk@hawaii.edu

UHCC offers Career and Technical Education (CTE) Programs of Study leading to Associate of Science (AS) and Associate of Applied Science (AAS) degrees, as well as postsecondary certificates, in career fields such as arts and communications, business, health careers, industrial and engineering technology, natural resources, and public and human services.

For more information, visit our website at uhcc.hawaii.edu

UHCC applies an open access policy, with program admission based upon the completion of applicable course/testing prerequisites. The lack of English skills will not be a barrier to admission and participation in CTE programs.