



SPC Respiratory Care

2026 Program Application

Applicant Information

Please complete (type) all areas

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____

Email: _____

Student ID: _____

Have you ever been convicted of a felony? ☐ YES ☐ NO

If yes, explain: _____

Education

Please include all colleges, universities, vocational schools, allied health schools attended (including SPC)

Institution: _____ City & State: _____ Credits: _____

_____ Did you graduate? _____ Degree Earned: _____

Institution: _____ City & State: _____

Credits: _____ Did you graduate? _____ Degree Earned: _____

Institution: _____ City & State: _____

Credits: _____ Did you graduate? _____ Degree Earned: _____

Disclaimer and Signature

--Students must meet the physical requirements of the program (please contact program director if you have any questions about the physical requirements.)

--Students in the Respiratory Care Program who may have a criminal background, please be advised that the background may keep you from obtaining any State respiratory license. Students who have a question regarding their background and licensure, please speak with the Program Director or the Department Chair. The student may request a criminal history evaluation from the applicable licensing agency.

--I hereby certify that the information contained in this application is true and complete to the best of my knowledge. I understand that any misrepresentation or falsification of information is caused for denial of admission or expulsion from the college. I understand that the information contained in this application will be read by the faculty and staff of the South Plains College Respiratory Care Program.

Signature: _____ Date: _____

Email Application to redwards@southplainscollege.edu

To submit application electronically, please download this form.