

**Metropolitan Community College – Penn Valley**  
**Bachelor of Applied Science in Respiratory Care Program**  
**Informed Consent Form**

**Applicant Full Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**MCC Student ID** \_\_\_\_\_

## **Purpose**

This informed consent form is intended to ensure that all applicants to the BAS in Respiratory Care Program at Metropolitan Community College–Penn Valley understand the program’s academic and clinical requirements, responsibilities, potential risks, and expectations.

Please read this document carefully and sign below to indicate your understanding and agreement.

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## **Acknowledgments**

By signing this document, I acknowledge and agree to the following:

### **1. Program Overview**

- I understand that the BAS in Respiratory Care Program is a rigorous academic and clinical program that prepares students for licensure and practice as respiratory therapists.
- I understand that successful completion of both classroom and clinical components is required for graduation and eligibility for licensure.

### **2. Use of Application and Transcript Information**

- I understand that information provided in the program application and college transcripts will be utilized for the purpose of determining eligibility to the program and for academic advising and counseling by program faculty. Data regarding student demographics is reported to MCC administration and the program accrediting body in aggregate and without student identifiers.

*All other use of student information would require the written permission of the student. I understand and give permission for use of student information as outlined above.*

### **3. Application Packet**

- I certify that I have received, read, and understand the entire **Respiratory Care Program Application Packet**.
- I understand the admissions criteria, program prerequisites, required documentation, deadlines, and the selection process as described in the packet.

### **4. Health and Background Requirements**

- I understand that I must provide proof of required immunizations, TB testing, and CPR certification before participating in clinical rotations.
  - I understand that I will be required to undergo a background check and drug screening as a condition for clinical placement.
- 5. Clinical Education**
- I understand that clinical rotations may be held at various locations, and I am responsible for providing my own transportation.
  - I understand that I will need to comply with the policies and procedures of each clinical affiliate, including dress codes, attendance policies, and conduct standards.
- 6. Time Commitment**
- I acknowledge that this is a full-time program and that substantial time outside of scheduled classes and clinicals will be required for studying and assignments.
  - I have considered the demands of the program and have made arrangements to manage personal, family, and work responsibilities accordingly.
- 7. Health and Safety Risks**
- I understand that participation in clinical education may expose me to infectious diseases and physically demanding tasks.
  - I acknowledge that safety protocols will be taught and are expected to be followed at all times.
- 8. Licensure and Employment**
- I understand that graduation from the program does not guarantee licensure or employment.
  - I understand that eligibility for licensure may be affected by criminal background history or other legal matters.

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## **Applicant Declaration**

I have read and understood the contents of this Informed Consent Form and the BAS Respiratory Care Application Packet. I have had the opportunity to ask questions and receive clarification regarding program expectations and requirements. I understand the responsibilities involved in participating in this program and consent to proceed with the application process.

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_