Thank you for your interest in the Department of Cardiopulmonary Science at the LSUHSC, School of Allied Health Professions.

YOUR CPS APPLICATION PACKET FOR YEAR 201¥ CONTAINS

<table>
<thead>
<tr>
<th>5 PAGE APPLICATION</th>
<th>TRANSCRIPT REQUEST FORM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Technical Standards Policy</td>
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</table>

APPLICATION AND TRANSCRIPT “POSTMARK” DEADLINE:

March 1, 201¥

(ENTERING CLASS SUMMER SEMESTER 201¥)

Non-refundable $50.00 fee payable to LSUHSC must accompany application.

APPLICATION INSTRUCTIONS

☐ Please use a blue or black ballpoint pen or typewriter.
☐ Be sure to date and sign your application.
☐ An incomplete or illegible application will be returned.

TRANSCRIPT REQUEST FORM

Two (2) official transcripts from each college/university attended must be received in the Office of Student Affairs in accordance with the application “postmark” deadline. You are responsible for the distribution of the Transcript Request Form and the collection of the official transcripts.

☐ Complete the “TO THE APPLICANT” portion of the form.
☐ Send a self-addressed, stamped envelope and the completed transcript request form to the Registrar of each college or university attended. Be sure to include the required fee for each transcript.
☐ When the Transcript is returned to you by the Registrar, please DO NOT OPEN. Forward the unopened envelope(s) to the Office of Student Affairs with your application.
RETURN TO THE OFFICE OF STUDENT AFFAIRS

☐ Completed Application by the deadline date, plus your $50.00 application fee
☐ Sealed, Signed envelope(s) containing 2 official transcripts from every university attended by the application deadline

Return the above documents to the Office of Student Affairs, LSUHSC School of Allied Health Professions, 1900 Gravier Street, 6th floor, New Orleans, LA 70112.

NOTE 1: If you send your application packet DURING ANY semester, while you are enrolled in a college/university, it will be necessary for you to submit two (2) official copies of your transcript after completion of that particular semester.

NOTE 2: If you have any questions after reviewing the self-managed application, please contact the Office of Student Affairs -504-568-6299.

NOTE 3: Questions regarding departmental interviews, curriculum, academic schedules, or special circumstances should be directed to the department at 504-568-6299.

NOTE 4: If you are accepted into the program you will be required to pay a non-refundable $50.00 acceptance fee. This fee will be applied toward your first academic semester. Request for this fee will be included with the departmental letter of acceptance.

Additional Enclosures:
  Tuition Fee Sheet
  Louisiana Residency Policy
ADMISSION APPLICATION
$50.00 Application Fee Required

ENTERING SEMESTER:  Summer 201___ Yr

UNDERGRADUATE PROGRAMS - Check one:
CARDIOPULMONARY SCIENCE: ☐ RESPIRATORY THERAPY  ☐ CARDIOVASCULAR SONOGRAPHY

Please use ballpoint pen or typewriter. Illegible or incomplete applications will be returned.

Social Security Number:____________________________________

Full Legal Name:______________________________________________________________________________________________

Last   First   Middle ( Full Name)

Please indicate previous names that have been used (maiden, marriage, etc.)___________________________________________________________

LEGAL ADDRESS: How long have you been at this residence?  _____Years _____Months

Number & Street                                City                                Parish/County

_________________________________________ Phone No. (   )  ________________

State                                    Zip                                    Code Country

MAILING ADDRESS ~ FOR ADMISSIONS CORRESPONDENCE ~ How long at residence? _____Years _____Months

Number & Street                                City                                Parish/County

_________________________________________ Phone No. (   )  ________________

State                                    Zip                                    Code Country

How long will the Admissions Correspondence Address be valid?: ____________________________

Place of Birth:____________________________________________________________ City State Country

FAX Number:____________________________________________________ E-Mail Address:____________________________________________________

EMPLOYMENT INFORMATION

Please list all employers for the past five years. List current employer first. Append additional sheet if necessary:

<table>
<thead>
<tr>
<th>Name of Firm</th>
<th>City/State</th>
<th>Mo &amp; Yr</th>
<th>Position</th>
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</table>
**RESIDENCY INFORMATION**

I am now and have been since __________ a resident of __________________________________________

<table>
<thead>
<tr>
<th>Date</th>
<th>Name of State</th>
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</table>

Father’s Name (if living) __________________________________________

Mother’s Name (if living) __________________________________________

Address __________________________________________

Address: __________________________________________

Number Years in residence: __________

Number Years in residence: __________

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<thead>
<tr>
<th>Home</th>
<th>Business</th>
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Telephone: ( ) __________________ ( ) __________________

Telephone: ( ) __________________ ( ) __________________

Employer __________________________________________

Employer: __________________________________________

Address __________________________________________

Address: __________________________________________

For tax purposes, which person claims you as a deduction?  □ Self □ Father □ Mother □ Guardian

For emergency purposes, please provide the name, address, phone number, and relationship of contact:

_______________________________________________________________________________________________________________________

**RESIDENT ALIEN - PLEASE COMPLETE**

Country of Citizenship: __________________________________________

Alien registration number: ________________________________ (enclose photocopy of both sides of card)

Date and Score of TOEFL (an overall score of 220 must be met): __________________________

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<thead>
<tr>
<th>Month</th>
<th>Year</th>
<th>Score</th>
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</table>

**EDUCATIONAL INFORMATION**

List all HIGH SCHOOLS, TRADE or VOCATIONAL SCHOOLS (use separate sheet if necessary)

<table>
<thead>
<tr>
<th>NAME OF SCHOOL</th>
<th>CITY/STATE</th>
<th>DATE ENTERED</th>
<th>DATE GRADUATED</th>
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</table>

List all COLLEGES and UNIVERSITIES you have attended. Please list in the same order attended (i.e. first attended is Number 1)

<table>
<thead>
<tr>
<th>NAME</th>
<th>LOCATION</th>
<th>MAJOR</th>
<th>DATES ATTENDED</th>
<th>DEGREE CONFERRED</th>
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</table>

Has your education to date been continuous other than for vacations?  □ Yes □ No (if no, or if not currently attending college, please explain)

Have you previously APPLIED to the LSUHSC?  □ No □ Yes

discipline(s)  semester(s)  year(s)

Have you previously been ENROLLED at the LSUHSC?  □ No □ Yes

discipline(s)  semester(s)  year(s)
### FOR THOSE APPLYING TO GRADUATE LEVEL PROGRAMS YOU MUST COMPLETE THIS BOX

**A.** Have you applied to Graduate School elsewhere? □ No □ Yes If yes, were you accepted? □ No □ Yes When and where did you apply? __________________________________________

**B.** Have you taken the Graduate Record Exam (GRE) General Test? □ No □ Yes Date Taken: ____________ Test Results: ____________ Verbal ____________ Quantitative ____________ Analytical (on 01/02/02 this action became Analytical Writing

### SCHEDULE OF COURSES

□ I am □ I am not – currently enrolled during the: □ FALL □ SPRING □ SUMMER semester. Please complete:

Example: ABC Univ Engr 1001 Composition 3

<table>
<thead>
<tr>
<th>COLLEGE /UNIVERSITY</th>
<th>DEPARTMENT CODE</th>
<th>COURSE NUMBER</th>
<th>TITLE</th>
<th>CREDIT HOURS</th>
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</table>

□ I will be □ I will not be – enrolled during the □ FALL □ SPRING □ SUMMER semester. Please complete:

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<th>COLLEGE/UNIVERSITY</th>
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Please use this area if explanation is needed for any of the courses listed above:

__________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

____________________________________

### NOTE:

As of October 1, 2002 the General Test constitute verbal, quantitative, and analytical writing sections. The GRE Writing Assessment was discontinued as a stand-alone test after December 2002.
LSUHSC SCHOOL OF ALLIED HEALTH PROFESSIONS
ADMISSION APPLICATION

The information is required for State and Federal statistical reporting and is not used for selection purposes.

ENTERING SEMESTER: _____Spring 200__   ___Summer 200__   ___Fall 200__
   Yr       Yr       Yr

NAME: _________________________________________________________________
   LAST       FIRST       FULL MIDDLE NAME

SOCIAL SECURITY NUMBER: _____________________________________________

DATE OF BIRTH: _____/___/____   SEX: □ Male   □ Female

MARITAL STATUS: □ Single   □ Married   □ Separated   □ Divorced   □ Widow (er)

NUMBER OF DEPENDENTS (INCLUDE YOURSELF) _______________________________

Are you Hispanic or Latino? □ Yes   □ No

ETHNIC ORIGIN: □ American Indian or Alaska Native   □ Asian   □ Black or African American
   □ Native Hawaiian or Other Pacific Islander   □ White
   □ Other: (please specify) ______________________   □ I do not wish to indicate

Veterans Status: □ Veteran   □ Non-Veteran   If you are a veteran of the U.S. Military Service, are you eligible for and certified by the Veteran Administration for education benefits? □ Yes   □ No

For Louisiana licensure purposes, have you ever been convicted, pled guilty, or are you presently charged with a crime (felony) which might be punishable by imprisonment in a penitentiary? □ Yes   □ No

If you have any questions/concerns about the American with Disabilities Act or specific questions about students with disabilities, you may contact:

Erin Dugan, Ph.D., Associate Dean for Academic Affairs
LSUHSC School of Allied Health Professions
1900 Gravier Street, New Orleans, LA  70112
Phone: (504) 568-4244   FAX: (504) 568-4324
Email: emart3@lsuhsc.edu
A resident student for tuition purposes is defined as one who has abandoned all prior domiciles and has been domiciled in the State of Louisiana continuously for at least one full year (365 days) immediately preceding the first day of classes of the term for which resident classification is sought. A NONRESIDENT student for tuition purposes is a student NOT eligible for classification as a resident student under these regulations.

The individual’s physical presence within this state for one year must be associated with substantial evidence that such presence was with the intent to maintain a LOUISIANA domicile. Physical presence within the state solely for educational purposes without substantial evidence of the intent to remain in LOUISIANA will not be sufficient for RESIDENT CLASSIFICATION regardless of the length of time within the state.

Any questions or a residency application must be directed to:
Office of Registrar, LSU Health Sciences Center, 433 Bolivar Street, New Orleans, LA 70112
(504) 568-4829

Applicants whose native language is NOT ENGLISH are required to submit an overall score of 220 or better on the Test of English as a Foreign Language. The essay score must be 4.5 or better. This test is designed to evaluate proficiency in English. Information regarding this test may be obtained by writing to:

TOEFL Services
Educational Testing Service
P.O. Box 6151
PRINCETON, NEW JERSEY 08541-6151 USA
Phone: 1-609-771-7100
www.toefl.org Email: toefl@ets.org

Your application for admission to the LSUHSC School of Allied Health Professions will NOT be considered unless TOEFL scores accompany the application.

Alien Resident applicants must provide a Xerox copy of both sides of their alien resident I.D. card with their application. Failure to do so will result in denial of application.
In addition to proven academic ability and other relevant personal characteristics, the Department of Cardiopulmonary Science expects all applicants for admission to possess and be able to demonstrate the skills, attributes and qualities set forth below, without unreasonable dependence on technology or intermediaries.

**Physical Health:** A cardiopulmonary science student must possess the physical health and stamina needed to carry out the program of health care education.

**Intellectual Skills:** A cardiopulmonary science student must have sufficient powers of intellect to acquire, assimilate, integrate and apply information. A cardiopulmonary science student must have the intellectual ability to solve problems. A cardiopulmonary science student must possess the ability to comprehend three dimensional and spatial relationships.

**Motor Skills:** A cardiopulmonary science student must have sufficient use of motor skills to carry out all necessary procedures, both those involved in learning the fundamental sciences and those required in the hospital and clinical environment. This includes the ability to participate in relevant educational exercises and to extract information from written sources.

Communication: A cardiopulmonary science student must have sufficient use of the senses of speech, hearing and vision to communicate effectively with patients, teachers, and peers in both oral and written forms.

Sensory Abilities: A cardiopulmonary science student must have sufficient use of the sense of vision, hearing, touch, and smell to observe effectively in the classroom, laboratory, and clinical setting. Students must possess the ability to observe both close at hand and at a distance.

Behavioral Qualities: A cardiopulmonary science student must possess emotional health sufficient to carry out the tasks above, and must have good judgment, and must behave in a professional, reliable, mature and responsible manner. A cardiopulmonary science student must be adaptable, possessing sufficient flexibility to function in new and stressful environments. A cardiopulmonary science student must possess appropriate motivation, integrity, compassion and a genuine interest in caring for others.
TRANSCRIPT REQUEST FORM

TO THE APPLICANT: Complete the information below and send this form and a self-addressed envelope to the Registrar of each college and university you have attended. Request TWO copies of your official academic record. When you receive the completed form and academic records in the SEALED envelope, include it UNOPENED with the materials you submit with your application.

DO NOT OPEN THE ENVELOPE WHEN IT IS RETURNED TO YOU BY THE REGISTRAR

Name: __________________________________________________________________________

Last          First           Middle

If you attended college/university under another name, please provide: __________________________

Current Address: _____________________________________________________________________

Social Security Number: _______________________________________________________________

Name of College or University: __________________________________________________________

School Attended within the University: _____________________________________________________

Dates of Enrollment: From ___________ to ___________

month/year       month/year

Degree, Major and Year: __________________________________________________________________

STUDENT’S SIGNATURE: __________________________________________________________________

TO THE REGISTRAR: The person named here is applying for admission to the School of Allied Health Professions, Louisiana State University Health Sciences Center. We appreciate your cooperation in our self-managed application process. Please attach TWO copies of the student’s official academic records to this form and mail to the APPLICANT in the envelope provided. Please return in the SEALED envelope to the applicant who will submit it UNOPENED to the Office of Student Affairs, LSUHSC School of Allied Health Professions, 1900 Gravier Street, New Orleans, LA 70112.

OFFICIAL SEAL
The Admissions Committee is interested in your reasons for entering this field and in your ability to express the motivation behind your decision. Please print or type the reason you are choosing this as your profession. If you have had any experience in the health care field (i.e. volunteer work, summer employment, full time employment, observations, etc.), please include in your narrative.

I certify that to the best of my knowledge, the information provided on this application is correct and complete. I understand that if it is later found to be otherwise, my application will be rejected, or in the event that I am enrolled, I will be subject to dismissal from the University.

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The LSU System assures equal opportunity for all qualified persons without regard to race, color, religion, sex, sexual orientation, national origin, age, disability, marital status or veterans status in the admission to participate in or employment in programs and activities which the LSU System operates.