

## APPLICATION FOR RESPIRATORY CARE TRAINEESHIP

Full Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Present  
address \_\_\_\_\_

Telephone\_(\_\_\_\_)\_\_\_\_\_

Permanent  
Address \_\_\_\_\_

Telephone\_(\_\_\_\_)\_\_\_\_\_  
\_\_\_\_\_

Social Security Number \_\_\_\_\_ /

E-mail Address: \_\_\_\_\_

Please Rate Your Word Processing/Computer Skills (circle one):

unfamiliar      somewhat      familiar      very familiar

Undergraduate  
College/University \_\_\_\_\_

\_\_\_\_\_ GPA (cumulative or current) \_\_\_\_\_ (city, state)

Degree \_\_\_\_\_ Year \_\_\_\_\_  
(Major) (Minor)

Other Education/Training including Post-Graduate Education:

How do you plan to finance your education?

work \_\_\_ loan \_\_\_ scholarship \_\_\_ self \_\_\_ other  
(specify) \_\_\_\_\_

Please list any honors or awards you have received.

Please list any activities and professional organizations (local, state, and national) that you are involved in.

Please list all pertinent licenses, credentials, certifications, etc; their numbers (if applicable); and the year obtained.

Please also list those that are planned for the future and their projected date.

Please list your voluntary and paid employment beginning with the present or last position held.  
**Dates Employer City/State Position/Duties Supervisor**  
(continue on the back, if necessary)

Please describe your research participation and/or special academic interests, including any publications.

Please describe any experiences you have in working with an interdisciplinary team.

Please describe any experiences you have in training others and/or program development

What are your career plans upon completion of graduate school?

What are your long-range career plans?

Please list the names, positions, and phone numbers of three persons (excluding relatives) who are personally acquainted with you and well informed regarding your academic and clinical qualifications.

1.

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2.

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3.

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Are you a U.S. citizen?

☐ Yes

☐ No

If "No", are you a permanent resident?

☐ Yes

☐ No

Are you now under charges for any violation of law or have you ever been convicted of any crime(s) (felony or misdemeanor including DUI) other than a routine traffic citation(s)?

- ☐ Yes
- ☐ No

If you answered “Yes”, please provide full details:

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Have you ever lost, or been denied, professional licensure?

- ☐ Yes
- ☐ No

If “Yes”, please provide full details:

"I certify that the information given on this application and in any other supporting documentation is true and complete. I understand that a conviction or loss or denial of professional licensure will not necessarily result in the voiding of my application or termination of the traineeship. I further understand that providing false information, willful misrepresentation, or failing to disclose any requested information will void my application and/or constitute sufficient grounds to terminate my traineeship. I give the UAB PPC the right to contact all persons or organizations named to gain information relevant to this application and release them from liability. I acknowledge by my signature that I have read and understand these statements."

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signature of applicant

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date

The completed application **a separate one-page paper describing why you are interested in applying for the PPC traineeship** should be returned to Stephanie Gamble, RRT, EMT at 1600 Seventh Avenue South, Lowder 620, Birmingham, Alabama 35233 / fax: 205-975-5983 / phone: 205-638-9583 / e-mail: [Stephanie.gamble@childrensal.org](mailto:Stephanie.gamble@childrensal.org)

