

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. _____

2. _____

3. _____

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:

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.”

signature of applicant

date

The completed application **and a separate one-page paper describing why you are interested in applying for the PPC traineeship** should be returned to Heather Hathorne, MAE, RRT, CCRC at 1600 Seventh Avenue South, Suite 752H, Birmingham, Alabama 35233 / fax: 205-638-9568 / phone: 205-638-9583 / e-mail: hhathorne@peds.uab.edu.