



Verification of Good Standing Form

This form should ONLY be completed and submitted if an applicant needs to provide proof of Good Standing in a Nursing and/or Health Science program that the applicant did not graduate/complete.

Verification of Good Standing Forms must be completed using the following directions:

1. Applicant must complete the 'Applicant Waiver' section before submitting the form for completion.
2. Verification of Good Standing Forms must be completed by the program Director/Department Chair.
3. The completed form must be returned to the applicant to submit when applying to TJC Respiratory Care.

APPLICANT WAIVER

This area must be completed by the applicant PRIOR to submitting the form for completion.

Pursuant to the Family Education Rights and Privacy Act (Buckley Amendment) enacted on December 31, 1974, I ☐do ☐do not waive the right to inspect and review this completed 'Verification of Good Standing Form'. Applicant Printed Name: _____ A#: _____

Applicant Signature: _____ Date: _____

PROGRAM ENROLLMENT INFORMATION

Do NOT complete this form if the Applicant Waiver section above has not been completed by the applicant.

Applicant Name: _____

College/Institution Name: _____

Department Chair/Director Name: _____

Phone Number: _____ Email: _____

Select the program the applicant was enrolled in:

- | | |
|--|---|
| <input type="checkbox"/> Dental Assisting | <input type="checkbox"/> Veterinary Technician |
| <input type="checkbox"/> Traditional RN (ADN/BSN) | <input type="checkbox"/> Medical Lab Technology |
| <input type="checkbox"/> LVN/Paramedic-RN | <input type="checkbox"/> Occupational Therapy Assistant |
| <input type="checkbox"/> LVN-BSN | <input type="checkbox"/> Physical Therapist Assistant |
| <input type="checkbox"/> Vocational Nursing (VNE) | <input type="checkbox"/> Radiological Technologist |
| <input type="checkbox"/> Surgical Technologist | <input type="checkbox"/> Respiratory Therapist |
| <input type="checkbox"/> Diagnostic Medical Sonography | <input type="checkbox"/> Other: _____ |

First Semester Attended: _____ Last Semester Attended: _____

1. Identify the reason for the students withdraw from the program ☐academic ☐disciplinary
2. Is the student eligible to continue in the program? ☐yes ☐no
3. Is the student eligible to reapply for admission to the program? ☐yes ☐no

Director/Department Chair Signature

Date

Respiratory Care Admissions Administrative Use ONLY

☐ APPROVED ☐ DENIED

By: _____
Michael White, Department Chair