

SAN JACINTO COLLEGE
RESPIRATORY CARE PROGRAM
VERIFICATION OF HEALTH-RELATED EXPERIENCE

The person listed below has applied for admission into our Respiratory Care Program.

Applicant name _____

Please verify that this applicant has been employed/volunteered with (name of business)

From (month/day/year)____/____/____ to (month/day/year)____/____/____

Averaging _____ hours per week as a (an)

(job title) _____

Please attach a general description of his/her duties while under your supervision/employment

SIGNATURE OF SUPERVISOR

DATE

SUPERVISOR'S NAME (PRINT)

SUPERVISOR'S TITLE

BUSINESS ADDRESS

BUSINESS PHONE

CITY STATE ZIP CODE

Please upload this form online with your application

This form must be received by the application deadline (June 1st for fall admission, November 1st for spring admission)

If you have any questions, please call 281-478-3671