

**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 return by      Mail: San Jacinto College  
Respiratory Care  
8060 Spencer Hwy  
Pasadena, TX 77505  
Fax: 281-478-2754  
Email: [carrol.larowe@sjcd.edu](mailto:carrol.larowe@sjcd.edu)

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

If you have any questions, please call 281-476-1864