

## "Career Assessment Form" (CAF) for fall 2025

Date:

Name:

(Please Print)

Address:			
NCC St	udent I.D. Number ( <i>Last 4 digits of Social Security Number Optional</i> ):		
	Note: Please type (preferred) or print your responses and upload them to your application.  When answering the questions, please include the question number with the responses.		
1.	Personal Statement (400 words or less). Please explain why you want to obtain an education at NCC in Respiratory Care? What experiences have inspired you to pursue this profession? What motivates you specifically to a career in respiratory rather than another field in medicine?		
2.	How physical do you perceive the job of a respiratory therapist to be? Please explain why.		
3.	A respiratory therapist performs many different tasks in a single day. Please list and describe as many as you can.		
4.	Which respiratory procedures might you find objectionable and why? If so, what could you do to overcome your aversion?		
CAF/tf	RFV 09-20-24		

5. List the general everyday responsibilities (in essence a job description) of a Respiratory Therapist:
6. As professionals, we are Respiratory Therapists not respiratory techs. Why do you think we find this objectionable?
7. What is your proudest accomplishment that does not appear on your résumé — an act for which you did not receive a trophy, grade, or other type of outward recognition?
8. Tell us about a time that you became extremely passionate about an academic concept. What excited you about this idea, project, or lesson?
<ol> <li>A Respiratory Therapist is expected to possess certain qualities/professional characteristics. Reflect on these qualities/professional characteristics. List the qualities /characteristics that you would bring to the field of respiratory therapy.</li> </ol>
10. Have you volunteered or been employed in the health care field? Where? Dates:
If your answer is yes, briefly describe your responsibilities.
11. What plans do you have in place to address the personal, financial, and family responsibilities that will be affected during the 21-month duration of the program? Keep in mind that the summer clinical component is 40 hours/week.
12. What is one of your accomplishments that you are particularly proud? It may have been a recognized or unrecognized achievement.

13. List the qualities/characteristics that you	would bring to the field of Respiratory Care.
14. Have you volunteered or been employed in tell us where, when, and briefly describe y	in the healthcare field? If your answer is yes, please your responsibilities.
15. What is one thing you would like us to know previous questions?	ow about you that has not been addressed in the
I have read and understood the information containe Highlights" located on Northampton Community Col	6
Name (Please Print)	
Signature	Date
Upload vour completed Career Assessment Form (	(CAF) and all required documentation to your

Upload your completed Career Assessment Form (CAF) and all required documentation to your application **no later than February 1**.

NOTE: This document can be uploaded one time only.

Once uploaded to your application portal, it cannot be replaced with another.