

**ARKANSAS STATE UNIVERSITY**  
**COLLEGE OF NURSING AND HEALTH PROFESSIONS**  
*Limited X-Ray Machine Operator Program*

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**APPLICATION FOR ADMISSION**

Thank you for your interest in A-State's Limited X-ray Machine Operator (LXMO) program. Please be sure that you have completed every step below, and that you have enclosed all documents before submitting your application. Students applying to the LXMO program must also apply for admission to Arkansas State University. Contact the office of admissions and records, P. O. Box 1630, State University (Jonesboro), AR 72467 or by phone (870) 972-3024. All applicants must be 18 years of age or older by August 1. **Please note: You may only apply to the program a total of 3 times.**

- 0 1. Apply for admission to Arkansas State University (Jonesboro Campus)
- 0 2. Print or request transcript(s) from each institution attended since high school. You must include transcripts from all colleges, universities, schools, or other institutions attended including A-State Jonesboro and other A-State campuses. Do not send transcripts separately to the department. Unofficial transcripts are accepted.

**Pre-Requisites: Medical Terminology**

**Preferred: Human Anatomy and Physiology I + Lab**

- 0 3. Complete & sign the application.
- 0 4. Submit as one packet: the application, all transcripts, letter of recommendation, statement of purpose, & shadowing form.

**DEADLINE FOR APPLICATIONS:**

Application is for admission to the professional program beginning in the Spring semester. Application material must be sent *electronically to jmcooper@astate.edu by 5:00 p.m. June 30th*. NO Paper applications will be accepted.

Applications are reviewed after the application deadline and are not reviewed on a first come, first served basis. After applications are received, top applicants are determined by current career (extra points for those already working in a health profession), GPA, and statement of purpose. Candidates with the highest-ranking total scores will be invited to join the program. Class size is 12 students.

Applications must include a statement of purpose. This is a short statement introducing yourself, interests, and motivations for pursuing this degree. Summarize previous degrees/careers and your intentions completing this program. Include any experience in the health professions and what you know about radiologic sciences (especially, limited scope of practice radiography). Describe your shadowing experience. This statement should not exceed 1 page.

Applications must include a letter of recommendation. This letter should be from a current employer if this certificate will advance current employment. If this certificate will not advance current employment, please submit a letter of recommendation from an advisor and/or faculty member that knows your work ethic and drive for this profession.

Name: \_\_\_\_\_

Last

First

Middle

A-State ID #: \_\_\_\_\_ Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

Email Address (A-State email only): \_\_\_\_\_

Address: \_\_\_\_\_

City

State

Zip

If your name, address or phone number changes during your enrollment, please notify the Department of Medical Imaging & Radiologic Sciences at (870) 972-3073 of these changes.

Were you born in a foreign country? Yes \_\_\_\_\_ No \_\_\_\_\_ If "Yes," what country? \_\_\_\_\_

Foreign born applicants MUST submit test scores of English proficiency with the application.

English proficiency documentation includes one of the following:

- Test of English as a Foreign Language (TOEFL) with a score of 83 on the preferred internet-based test (iBT), 570 on the paper-based test, or 213 on the computer-based test.
- International English Language Testing System (IELTS) with a score of at least 6.5 and a spoken band score of 7.
- Pearson Test of English Academic (PTE) with a score of 56.

For applicants who are proficient in the Spanish language:

Actualmente en la región que sirve ASU, se necesitan profesionales de la salud que hablen español. Por favor, indique aquí si usted tiene esta habilidad. Se da crédito adicional a los candidatos que puedan demostrar esta competencia.

Spanish proficiency documents include one of the following:

- Praxis II – Spanish: World Language (mínimum score 168)
- ACTFL-OPI (Oral Proficiency Interview) (mínimum score "Advanced Low")

### **APPLICATION PACKET Only complete packets will be accepted.**

Please submit application packet **ELECTRONICALLY** by using the directions below:

Once you have completed your application, use the application check sheet to assure you have everything you need to submit a complete application packet. Then scan your application packet and save it as (YOUR LAST NAME CURRENT YEAR.pdf) e.g. Smith 2023.pdf.

Applications will only be accepted if they are complete and submitted electronically in a .pdf format to [jmcooper@astate.edu](mailto:jmcooper@astate.edu) by 5:00 p.m. June 30th. Subject line should read "LXMO application (YOUR LAST NAME CURRENT YEAR)" e.g. LXMO application Smith 2023.

Incomplete applications will NOT be reviewed or accepted. It is the student's responsibility to ensure all requirements are met and attached.

**NO Paper applications will be accepted.**

Application packets consist of:

1. Application Checklist
2. Application form
3. College/University transcript(s) of all college work. (Unofficial transcripts are accepted)
4. Current proof of employment/licensure of health profession (if applicable)
5. Letter of Recommendation
6. Statement of Purpose
7. Shadowing Proof Form (if applicable)
8. English proficiency (if applicable)
9. Spanish proficiency (if applicable)

I hereby affirm that all information supplied on this application is complete and accurate. It is my understanding that I will not be considered for admission to this program unless I have submitted all requirements specified above by the deadline.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature



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**Radiology Shadowing Form**

**Name** \_\_\_\_\_

**A-State Student ID Number** \_\_\_\_\_

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\_\_\_\_\_ completed a shadowing experience in the Radiology

Department at \_\_\_\_\_ on \_\_\_\_\_.

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\_\_\_\_\_  
**Staff Signature/Position**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Email Address**

\_\_\_\_\_  
**Phone Number**

**Additional Comments:**

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