



Radiologic Sciences Program

APPLICATION FOR ADMISSION

Thank you for your interest in A-State's radiography 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 radiography 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 phone (870) 972-3024. If your cumulative GPA is below 2.5, you are not eligible for admission at this time. If you have not completed (or are currently enrolled in) all radiography prerequisite courses with a minimum of a C (see list on page 2), you are not eligible for admission at this time. All applicants must be 18 years of age or older by January 1, 2019. **Please note: You may only apply to the program a total of 3 times.**

- 1. Apply for admission to Arkansas State University (Jonesboro Campus)
- 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.**
- 3. Print mid-term grades of any prerequisite Radiography courses for which you are currently enrolled.
- 4. Complete & sign, the application and criminal background check acknowledgment.
- 5. Submit as one packet: the application, criminal background check, ACT Test score (if using), prerequisite course form, all transcripts, mid-term grades (if applicable), & 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 mirs@astate.edu by 5:00 p.m. October 31st. 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 analysis of select coursework GPAs and ACT scores. In the event that you have not taken the ACT, or if you are unhappy with your current ACT score, you may choose to substitute your ACT score with a reading comprehension test. The top 50 candidates will be interviewed. Candidates with the highest ranking total scores will be invited to join the program. Class size may vary depending upon clinical slot availability. Please check one of the boxes below.

- I would like to take the reading comprehension examination in lieu of my ACT test scores.
- I would like to submit my ACT test scores and take the reading comprehension examination.
- I would like to submit my ACT test scores as the ONLY submission for the application.

Name: _____
Last First Middle

A-State ID #: _____ Phone Number: (____) _____

Email Address (A-State email preferred): _____

Mailing 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.

Radiography Prerequisite Courses (minimum grade – C)

ENG 1003, Freshman Eng. I
BIO 2203 Anatomy & Physiology I
BIO 2201 Anatomy & Physiology I Lab
MATH 1023 College Algebra
PSY 2013 Intro to Psychology
RAD 2001 Intro to Medical Imaging & Radiation Sciences

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.

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 in order to submit a **complete** application packet. Then scan your application packet and save it as (YOUR LAST NAME_2018.pdf) e.g. Smith_2018.pdf. Applications will only be accepted if they are complete and submitted electronically in a .pdf format to mirs@astate.edu by 5:00 p.m. October 31st. **NO Paper applications will be accepted.**

Application packets consist of:

1. Application Checklist
2. Application form
3. Signed acknowledgement of criminal background check
4. College/University transcript(s) of **all** college work. (Unofficial transcripts are accepted) Please include Fall Semester with mid-term grades of any Radiography Prerequisite Requirements currently enrolled in.
5. ACT Test Scores
6. Prerequisite Course Form
7. Shadowing Proof Form
8. English proficiency (*if applicable*)
9. Spanish proficiency (*if applicable*)

Students accepted into the Radiography Program will be expected to travel to assigned clinical affiliates and furnish their own transportation. New program begins first Summer Session.

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 until I have submitted all requirements specified above.

Date

Signature

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 (minimum score 168)
- ACTFL-OPI (Oral Proficiency Interview) (minimum score "Advanced Low")



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Application Checklist

Name _____

A-State Student ID Number _____

Email Address _____

Cell Phone Number _____

Include this CHECKLIST with your ELECTRONIC Application Packet.

Indicate that you have included the following information with a checkmark (✓)

- Checklist
- Application
- Signed Background Check Acknowledgement
- Transcripts
- Mid-Term Grades (*for Prerequisite Courses*)
- ACT Scores
- Shadowing Proof Form
- English Proficiency (*for Foreign Born Applicants ONLY*)

(For Office Use Only)

Arkansas State University
College of Nursing & Health Professions
Criminal Background

Student name: _____

I understand that criminal background checks will occur as part of my professional education at A-State. Evidence of a previous charge or conviction of a felony/misdemeanor on my record may affect my progress in this program. While the faculty cannot realistically determine whether this will have any future impact on my ability to work in my profession, I do understand that the following issues could arise during my time as a student or as a graduate of the program.

1. Certain rotation sites could deny me access for rotation.
2. Hospitals or other health care institutions could refuse to allow me access for a clinical experience.
3. The above two issues could make it impossible for me to complete the clinical portion of my education and therefore not graduate.
4. Upon graduation, a state licensing agency could refuse to grant me a license.
5. As a licensed professional, certain health care institutions could refuse to grant me privileges.
6. There could be other, unforeseen, impacts of this incident on my ability to practice as a professional.

Student signature: _____

Date: _____



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Prerequisite Course Form

(To be eligible for application, students must earn at least a “C” on all prerequisite courses)

<u>Prerequisite</u>	<u>If completed:</u> Completion Semester, Grade Received, Institution	<u>If not completed:</u> Mid-Term Grade Received, Institution
Human Anatomy & Physiology I		
Human Anatomy & Physiology I Lab		
Composition I		
College Algebra		
Introduction to Psychology		
Introduction to Medical Imaging & Radiation Sciences *		

* Transfer students or students who have not completed the Introduction to Medical Imaging & Radiation Sciences course may indicate N/A within the Prerequisite Course Form. Indicating N/A on the prerequisite course form will not result in a loss of points during the application process.



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Radiology Shadowing Form

Name _____

A-State Student ID Number _____

_____ completed a shadowing experience in the
(Student Name)

Radiology Department at _____
(Facility Name)

on _____.
(Date)

Staff Signature/Position

Date

Email Address

Telephone Number

Additional Comments: _____
