

**ARKANSAS STATE UNIVERSITY
COLLEGE OF NURSING AND
HEALTH PROFESSIONS**



Radiologic Sciences Imaging Specialist (Bridge) Program

Application for Admission

An application for admission to Arkansas State University - Jonesboro:

[] has been submitted-Date of submission (month _____, day _____, year _____). OR
[] is being submitted

Name: _____
Last
First
Middle

A-State ID Number _____ Email Address: _____

Phone Numbers: () _____ home () _____ cell

Present Address: _____

City
State
Zip

Permanent Address: _____
(If Different)

City
State
Zip

Notification of admission decision should be sent to: _____ present address _____ or permanent address. If applicant does not indicate choice, notification will be sent to the first address given above.

AART #: _____

Radiography School	Certificate or Degree	Date of Graduation

List your work experiences in health care institutions:

If your name, address or phone number changes during the application process, please notify the Department of Medical Imaging and Radiation Sciences of these changes.

Students applying to the Department of Medical Imaging and Radiation Sciences must also apply for admission to Arkansas State University. When filling out the application to the university, please select Undergrad Transfer and then select Radiologic Sciences as your intended major. See the A-State website for admission information at <http://www.astate.edu/admissions/>. Or contact the Office of Admissions and Records, P. O. 1630, State University (Jonesboro), AR 72467 or phone (870) 972- 2031.

APPLICATION PACKET

Only completed packets will be accepted and must be returned to the Program Director. With these forms, applicants are required to submit the following documents:

1. College/Hospital Transcript(s) of all work attempted
2. Copy of ARRT card

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 the program until I have submitted all credentials specified by the set date.

Date Signature

Please submit application packet to:

A-State Department of Medical Imaging and Radiation Sciences
Bridge Program Director
P.O. Box 910
State University (Jonesboro), AR 72467-0910

Physical Location:
College of Nursing and Health Professions Building – Room 419

**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 ASU. 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 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: _____