

Have you ever participated in a MASH (Medical Applications of Science in Health) program or a CHAMPS (Community Health Applied for Medical Public Service) program? If yes, when and where? (For statistical purposes only)

ESSAY: Applicants are required to write a one-page essay on another sheet of paper. The essay should address:

Why you chose Radiologic Technology
Your knowledge of the profession

Essays should be typed and attached to the application.

Notification of admission decision should be sent to _____ present address or _____ permanent address. (Check one) If applicant does not indicate a choice, notification will be sent to the first address given.

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

Students applying to the Radiologic Technology 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 CGPA is below 2.5, you are not eligible for admission at this time.

APPLICATION PACKET

Please submit application packet to:

**Radiologic Sciences Program Director
P. O. Box 910
Nursing and Health Professions Building – Room 419
State University (Jonesboro), AR 72467-0910**

Application packets consist of:

1. Application form
2. Copy of ACT scores (if not on transcript)
3. College/University transcript(s) of **all** college work attempted. Please include Spring Semester with mid-term grades.
4. Completed reference forms (**3 completed forms**)
5. Completed essay indicating why you chose this field of study. If you are seeking readmission, state what factors in your life have changed that will now enable you to succeed in completing this program.
6. Signed Acknowledgement of Criminal Background Check

Only completed packet will be accepted.

Students accepted into the Radiologic Technology 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. La facultad de idiomas extranjeros de ASU administra la prueba de habilidad en español. Por favor, póngase en contacto con el programa de Ciencia Radiológica para arreglar una cita para tomar el examen.

ARKANSAS STATE UNIVERSITY
 COLLEGE OF NURSING AND
 HEALTH PROFESSIONS

RADIOLOGIC TECHNOLOGY PROGRAM

REFERENCE EVALUATION OF RADIOLOGIC TECHNOLOGY APPLICANT

To Be Completed By Applicant:

Applicant's Name: _____
Last First Middle

Please check one of the following two release statements:

Letter is confidential. I waive my rights of access under the Family Education Rights and Privacy Act of 1974, or other laws, regulations or policies. (Applicants NOT permitted to read evaluation.)

Letter is NOT confidential. I do not waive my right of access. (Applicants ARE permitted to read evaluation.)

 (Applicant's Signature)

To the evaluator: The above-named applicant to Arkansas State University Radiologic Technology Program is requesting a reference evaluation from you. If you do not know the applicant well enough to complete the following form, please return it to him/her. It is more helpful for the applicant and the Admissions Committee to have a recommendation from someone who knows him or her well, so please consider this carefully.

Reference evaluations play an important role in our selection process, and we greatly appreciate your thoughtful and frank appraisal of the applicant. The enclosed form has been designed to obtain the specific information we desire, therefore it is important that you utilize it primarily in your evaluation and submit additional letters ONLY if you need to present information not covered on the form.

Applicants have been notified that evaluation materials will be considered confidential unless they specifically state that their right of access has not been waived. The applicant has indicated above whether he/she waives the right of access to this information.

After completing this form, please place it in an envelope, seal the envelope and sign it across the seal. Then return it to the applicant who will forward it to the Radiologic Science Program Director, unopened, with the remaining application materials. This procedure allows the applicant to know that he/she has all necessary documents to submit a complete application packet by our deadline. Please confirm with the applicant the due date to him/her for this letter of evaluation. Thank you for your assistance.

- I. Compared to other individuals of college age, rate to what extent the applicant appears to possess the attributes listed below. Please use the following scale:
0 = not observed, 1 = lower 50% (below average), 2 = in the 50% (average), 3 = upper 30% (above average), 4 = upper 20% (outstanding individual), 5 = 10% (exceptional individual)

A.	Ability to communicate effectively (oral, include poise)	0	1	2	3	4	5
B.	Ability to communicate effectively (written, include clarity)	0	1	2	3	4	5
C.	Ability to work with others (interpersonal skills)	0	1	2	3	4	5
D.	Evidence of psychological maturity and stability	0	1	2	3	4	5
E.	Ability to accept criticism and grow with life experience	0	1	2	3	4	5
F.	Interest in and knowledge of radiologic technology	0	1	2	3	4	5
G.	Potential for success in the field of radiologic technology	0	1	2	3	4	5
H.	Potential as a leader	0	1	2	3	4	5
I.	Reliability to complete assignments/jobs accurately and on time	0	1	2	3	4	5
J.	Breadth of general knowledge, intellectual ability, logical thinking	0	1	2	3	4	5
L.	Interest in independent inquiry, ingenuity, originality, imagination	0	1	2	3	4	5
M.	Personal qualities (sincerity, initiative, enthusiasm, patience)	0	1	2	3	4	5

II. Using the same rating scale as before, please indicate the strength of your overall endorsement and your expectations of performance by the applicant for our radiologic technology program:

- | | |
|--|--|
| <input type="checkbox"/> 1 = Below Average (Lower 50%) | <input type="checkbox"/> 4 = Outstanding (Upper 20%) |
| <input type="checkbox"/> 2 = Average (in the 50%) | <input type="checkbox"/> 5 = Exceptional (Upper 10%) |
| <input type="checkbox"/> 3 = Above Average (Upper 30%) | |

III. Indicate in what capacity you have been associated with the applicant:

- as a student in a lecture course
- as a student in laboratory courses
- as a student engaged in research/independent study under my direction
- as my advisee
- as an employee (describe) _____
- other (state) _____

IV. How long have you known the applicant? _____

V. How well do you know the applicant? A. Very Well B. Fairly Well C. Slightly

VI. What would be your attitude toward having this applicant in a responsible position under your direction?

- | | |
|---|--|
| A. <input type="checkbox"/> Definitely would want him/her. | D. <input type="checkbox"/> Would prefer not to have him/her. |
| B. <input type="checkbox"/> Would want him/her. | E. <input type="checkbox"/> Definitely would not want him/her. |
| C. <input type="checkbox"/> Would be satisfied to have him/her. | F. <input type="checkbox"/> Unable to judge. |

VII. General Comments: You may use the space below to make further comments about the applicant if you so desire.

Evaluator's Signature: _____ Date: _____

Please print name: _____ Title: _____

Organization _____

Evaluator's Address: _____ Phone: _____

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F.	Interest in and knowledge of radiologic technology	0	1	2	3	4	5
G.	Potential for success in the field of radiologic technology	0	1	2	3	4	5
H.	Potential as a leader	0	1	2	3	4	5
I.	Reliability to complete assignments/jobs accurately and on time	0	1	2	3	4	5
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**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 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: _____