## ARKANSAS STATE UNIVERSITY COLLEGE OF NURSING AND HEALTH PROFESSIONS RADIATION THERAPY PROGRAM

### **Application for Admission**

#### **Deadline for Applications:**

Application material must be in the department office by 5 p.m. on April 1<sup>st</sup> for admittance into the program beginning August. Applications are reviewed after the application deadline and are *not* reviewed on a first served basis. Faxed applications will not be accepted.

Name:					
Social Security #:		First			Middle
Phone Numbers: (	)	home	( )	)	cell
Present Address:					
Cir	ty	State		Zip	
Permanent Address:					
(If different)	City	State		Zip	
Email Address:					
High School Name/A	Address:				
List all colleges, univand degree(s) if appli		Sta ondary institution		nded since high	Zip school, credits earned
College/University	Credits	Degree	<b>;</b>	Da	tes Attended

Do you have work expe	rience in a heal	lth care institution? (circle one) If so, please explain.
YES	or	NO
What factors led you to	choose this fiel	ld of study?
	1 11 1 '	
Courses you are current	ly enrolled in:	
Notification of admission	on decision show	uld be sent to: (circle one)
LOCAL	ADDRESS	or <b>PERMANENT ADDRESS</b>
If applicant does not in	dicate choice, n	notification will be sent to the first address given above.
If your name, address or Radiation Therapy Prog		r changes during the application process, please notify the nge.
- 105 P	, 5- 3-4	

Students applying to the Radiation Therapy Program must also apply for admission to Arkansas State University. Please see the ASU website for admission information at <a href="http://admissions.astate.edu/">http://admissions.astate.edu/</a>. If your Cumulative GPA is below 2.5, you are not eligible for admission at this time.

±	nto the Radiation Therapy program will be expected to travel to e responsible for transportation and all expenses related to travel.
Date	Signature
•	applied on this application is complete and accurate. It is my dered for admission to this program until I have submitted all
Date	Signature
usted tiene esta habilidad. Se da crédito adiciona	anguage: sitan profesionales de la salud que hablen español. Por favor, indique aquí si al a los candidatos que puedan demostrar esta competencia. La facultad de de habilidad en español. Por favor, póngase en contacto con el programa de omar el examen.

#### Please submit application packet to:

ASU Radiation Therapy Program
Admissions Committee

Nursing and Health Professions Building – Room 419
P.O. Box 910

State University (Jonesboro), AR 72467-0910

# 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: