





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 <http://admissions.astate.edu/>. If your Cumulative GPA is below 2.5, you are not eligible for admission at this time.

I understand that students accepted into the Radiation Therapy program will be expected to travel to assigned clinical affiliates and will be responsible for transportation and all expenses related to travel.

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Date Signature

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 credentials specified by the set date.

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Date Signature

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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.

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**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: \_\_\_\_\_