

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



**Radiologic Sciences Program**

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*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. All applicants must be 18 years of age or older by January 1, 2022 and have a valid drivers license. **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 acknowledgment, photo copy of drivers license, prerequisite course form, all transcripts, mid-term grades (if applicable), & shadowing form (depending on COVID restrictions).

**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](mailto: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. **Alternates conditionally accepted.** 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  
PHYS 1203 Physical Science (equivalent)  
PHYS 1201 Physical Science Lab (equivalent)  
RAD 2001 Intro to Medical Imaging & Radiation Sciences

**\*\*\*Students receiving "Credit" for a prerequisite course taken in Spring/Fall 2020 will be eligible to apply for the Radiography Program.**

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\_2021.pdf) e.g. Smith\_2021.pdf. Applications will only be accepted if they are complete and submitted electronically in a .pdf format to [mirs@astate.edu](mailto: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. Photocopy of current drivers license
6. Prerequisite Course Form
7. Shadowing Proof Form (*if applicable*)
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. Clinical rotations begin the first Summer Session of the Radiography Program.

*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")



**Radiologic Sciences Program**

**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*)

Photocopy of drivers license

Shadowing Proof Form (*if applicable*)

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: \_\_\_\_\_

**Arkansas State University  
College of Nursing & Health Professions  
Immunization Requirements**

I understand that immunizations, including proof of flu and COVID-19 vaccinations, may occur as part of my professional education at A-State. While the faculty cannot realistically determine whether lack of vaccination 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 in 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. As a licensed professional, certain health care institutions could refuse to grant me privileges.
5. There could be other, unforeseen, impacts of this incident on my ability to practice as a professional.

Student signature: \_\_\_\_\_

Date: \_\_\_\_\_



**Radiologic Sciences Program**

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**Prerequisite Course Form**

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

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

\* 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**

**\*\*We understand that students may have difficulty shadowing due to COVID-19. Please watch the shadowing videos on the student resource page. Be prepared to answer questions about the videos during the interview process.**

Name \_\_\_\_\_

A-State Student ID Number \_\_\_\_\_

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\_\_\_\_\_ completed a shadowing experience in the  
(Student Name)

Radiology Department at \_\_\_\_\_  
(Facility Name)

on \_\_\_\_\_.  
(Date)

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\_\_\_\_\_  
Staff Signature/Position

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Telephone Number

Additional Comments: \_\_\_\_\_

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