Application Including Modality Evaluation Form

ARKANSAS STATE UNIVERSITY COLLEGE OF NURSING AND HEALTH PROFESSIONS

RADIATION THERAPY PROGRAM

APPLICATION FOR ADMISSION

SEE ATTACHMENT ON LEFT COLUMN

Deadline for Applications:

Application material must be received ***before*** **April 1st** for admittance into the program. Applications are reviewed after the application deadline and are *not* reviewed on a first served basis.

Upon completion of the application, students should add their transcripts, statement of purpose, completed modality/shadowing form, and English or Spanish proficiency scores (if applicable) to a single PDF. Only complete applications submitted as 1 PDF document will be reviewed for admission. Email PDF document to twhite@astate.edu

Name: Last
First Middle

E-mail:
_____

Phone Numbers: ( ) _____

Present Address:
_____

City State Zip

Permanent Address:
_____ (If different) _____

City State Zip

List any work experiences in health care institutions:

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

Students applying to the Radiation Therapy program must also apply for admission to Arkansas State University. Please see the A-State website for admission information at http://admissions.astate.edu/ or contact the Office of Admissions and Records, P. O. Box 1630, State University (Jonesboro), AR 72467. Phone: (870) 972-3024.

APPLICATION PACKET

Only completed packets will be accepted and must include the following:

1. College/Hospital Transcript(s) of all work attempted (required by University but also required as part of the application packet so please attach copy of official transcripts with this application)
2. Completed Modality / Shadowing form (A-State Students submit modality form, transfer students submit Shadowing form with 2 therapists signatures)
3. Radiation Therapy application form
4. Statement of purpose describing yourself and why you want to enter the Radiation Therapy program
5. Signed Criminal Background document

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.

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.

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 Radiologica para arreglar una cita para tomar el examen.

Please submit completed application packet to:

Tracy White, Program Director twhite@astate.edu

Arkansas State University College of Nursing & Health

Professions Criminal Background

Student name: _____

I understand that criminal background checks may 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
2. Hospitals or other health care institutions could refuse to allow me access for a clinical
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
5. As a licensed professional, certain health care institutions could refuse to grant me
6. There could be other, unforeseen, impacts of this incident on my ability to practice as a

Student signature: _____

Date:

Arkansas State University Radiation Therapy Program Shadowing Form

Student Name:_____

1. Student was punctual and professional.	Yes	No
2. Student was prepared with questions and showed		
eagerness to learn.	Yes	No
3. Student demonstrated good patient interactions and		
good communication skills.	Yes	No
4. Student had appropriate questions related to radiation therapy.	Yes	No

Radiation Therapists comments:

Signature of two radiation therapists:

1)_____ 2)_____

Student Section:

Discuss your shadowing experience:

Student Signature: _____

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