Applications accepted May 1 - May 31st at 5:00pm CST annually

Arkansas State University

College of Nursing and Health Professions

Limited Medical Imaging and Safety Program

Application for Admission

Thank you for your interest in A-State's Limited Medical Imaging and Safety (LMIS) 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 LMIS 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 by phone (870) 972-3024. All applicants must be 18 years of age or older. *Please note: You may only apply to the program a total of 2 times*.

1. Apply for Admission to Arkansas State University (Jonesboro Campus)
2. Print or request transcripts 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. Complete & sign the application.
4. Submit as one PDF document: application, transcripts, statement of purpose, & proficiency scores (if applicable).

DEADLINE FOR APPLICATIONS:

Application is for admission to the professional program beginning in the Fall semester. Application material must be sent electronically to jmcooper@astate.edu. **NO** Paper applications will be accepted. Applications are reviewed after the application deadline. After applications are received, top applicants are determined by GPA, shadowing experience, and statement of purpose. Candidates with the highest-ranking total scores will be invited to join the program.

Maximum class size is 18 students.

Applications must include a statement of purpose. This is a 1-page essay introducing yourself, interests, and motivations for pursuing this degree. Summarize previous degrees, work, and volunteer experience. List the facility/facilities you shadowed and describe your shadowing experience and future career goals. This should be written without the use of artificial intelligence (AI). Statements written with AI will not be scored and applications will be discarded.

Students accepted into the LMIS program will be required to travel to assigned clinical affiliates and will be responsible for transportation and all expenses related to travel.

Name (First, Middle, Last):

_____

A-State ID #: _____ Phone Number:

_____

Email Address (A-State email only):

_____@smail.astate.edu

Address (Street, City, State, Zip):

_____

If your name, address or phone number changes during your enrollment, please notify the program director.

Were you born in a foreign country? [Yes] or [No] If “Yes,” what country?

_____

Foreign born applicants MUST submit test scores of English proficiency with the application.

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.

APPLICATION PACKET Only complete packets submitted in a single PDF document will be accepted.

Please submit application packet ELECTRONICALLY by using the directions below:

Once you have completed your application, scan your application packet and save it as one PDF document as (YOUR LAST NAME_CURRENT YEAR.pdf) e.g. Smith_2026.pdf. (ALL forms must be in

one PDF document)

Applications will only be accepted if they are complete and submitted electronically in a single .pdf format to jmcooper@astate.edu by 5:00 p.m. May 31 st. The e-mail subject line should read "LMIS application (YOUR LAST NAME_CURRENT YEAR)" e.g. LMIS application Smith_2026.

Incomplete applications will NOT be reviewed or accepted. It is the student's responsibility to ensure all requirements are met and attached. NO Paper applications will be accepted.

Application packets must consist of 1 PDF document containing:

- Signed and dated application form
- College/university transcripts of all college credit
- Statement of Purpose
- English and/or Spanish proficiency if applicable

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 unless I have submitted all requirements specified above by the deadline.

_____

_____

Date Signature

Revision #2
Created 2026-03-13 18:47:17 UTC by Jessica Cooper
Updated 2026-11-02 21:23:18 UTC by Jessica Cooper