



INDIANA UNIVERSITY KOKOMO

DIVISION OF ALLIED HEALTH SCIENCES

Please make sure to follow all the appropriate steps prior to submitting an application for consideration by the program's admissions committee. Only application packets that are postmarked or received by the program's **application deadline** and include all of the required items will be forwarded to the program's admissions committee. Please use the below application submission checklist to ensure that all required materials will be submitted. There two part s to the application. Please complete all applicable information.

Application for admission Radiography

Application for the Radiography Program MUST be submitted between **September 1 and December 1** of the year prior to anticipate entry in the Radiography Program.

NAME _____ DOB _____
(Last) (First) (Middle)

Address _____

City, State, Zip code _____

Phone Home _____ Cell if Different: _____

Student ID # for IU students _____ Email Address _____

Are you or have you ever been a student at Indiana University Kokomo? Yes ___ No ___

University or College Attended Other than Indiana University:

Please List any degrees you have earned and institutions where you received your degree:

Do you have work/ volunteer experience in the healthcare field? Yes ___ No ___

If yes, Please provide Name, address and phone number for verification:

(Employer Name) (Address) (Phone)

Have you previously applied to the IU Kokomo Radiography Program? YES NO

Year of previous application: _____

Are you using the IU F(x) or forgiveness policy? Yes _____ NO _____

Many Felony and some misdemeanor convictions may disqualify a student from participating in clinical education and/or being able to take the ARRT (American Registry of Radiologic Technologists) certification examination.

Misdemeanor charges or convictions that occurred while a juvenile and that were processed through the juvenile court system are not required to be reported. Misdemeanor speeding convictions are not required to be reported **unless** they are related to alcohol or drug use.

Convictions or charges previously reported to the ARRT (American Registry of Radiologic Technologists) that have been formally cleared as evidenced by a letter from the ARRT to that effect should be indicated as “NO”. **If response is “YES”, provide:**

- Official court documentation to confirm charge and sentencing
- Status of all court conditions
- Detailed explanation of the events that occurred

Have you ever been convicted of a **Felony or Misdemeanor**? **Yes** ____ **No** ____

(Please refer to **STEP 2: CRIMINAL HISTORY DISCLOSURE** :)

NOTE – Convictions or charges resulting in any of the following **must** also be reported:

- Plea of Guilty Plea of Nolo Contendere (no contest) Withheld or Deferred Adjudication
- Suspended or Stay of Sentence Military Court-Martial

I, the undersigned, do hereby attest that the answers given on this application are true and complete. I understand that misrepresentation or omission of facts called hereon is sufficient cause for cancellation of consideration for admission to the Department of Radiography. I understand all information will be confidential and used solely for applicant assessment purposes.

Student Signature _____ **Date** _____

Admission Criteria: students must pass all of prerequisite course with a “C” or better. They must have an overall GPA of 2.5 and Math and Science GPA of 2.5. Complete this application and clinical visit form. Have a personal interview with program admission committee

Indiana University Kokomo admits qualified students under policies of equal educational opportunities and provides its services without regard to sex, age, race, religion, ethnic origin, veteran status, or disability or other legally protected status according to the EEOC.

For students who have not completed all program prerequisites please complete the PLAN below:

PREREQUISITE COURSE COMPLETION PLAN			
Term	Course Number and Title	Cr Hrs	Institution Attending
Fall Semester 20__			
Spring Semester 20__			
Summer Session(s) 20__			

APPLICATION PROCESS PART 2



INDIANA UNIVERSITY KOKOMO

DIVISION OF ALLIED HEALTH

Radiography Program Questionnaire

Instructions: To remain eligible for admission to the 20__ entering class, each applicant must complete and return this questionnaire with your application. If you have any questions, please contact the Program Office (765-455-9490).

Attach to your application, your **typed** responses to the following questions. Include the underlined portion of the question, followed by your response. Include your name on each page. Minimum 500 words. Note that these answers will be used to evaluate admission.

1. How have you researched this career? (Be as specific as possible e.g. name of websites, magazines reviewed, individuals you spoke to, etc.)
2. Have you ever observed, volunteered or worked in a health area that enabled you to observe the day to day operation of a radiology department? (If so, when, where, duration? Provide a list of the x-ray procedures you observed.)
3. Describe what a radiographer does during the course of a typical day.
4. List any **healthcare-related** work or volunteer experiences you have had. Healthcare experience bonus is given for work experience and for volunteer experience of 80 hours or more.

List any healthcare related work or volunteer experiences you have had. Healthcare experiences point is awarded for work experience and / or for volunteer experience of 100 hours or more. In the table below list responses per the example provided

Job Location	Title	Hrs. Worked	Dates	Supervisor name
Ex – Whammy Health – Holliswood. CA.	Med Assistant	16 hr. / week x 10 weeks	May 2018 – Aug 2018	Bart Simmons RT,R

Briefly describe your main activities for each title listed in the table above:

5. The radiography program will be very time intensive, please tell us about your plans you have made to prepare to meet this demanding schedule.

If you have not completed all Prerequisites for the Radiography program, please complete a plan you intend to follow to have all completed prior to entering into the program: *NOTE: All prerequisite courses must be completed by program entry.*

Mail or submit application and materials to:

**Indiana University Kokomo
Radiography Program
P.O. Box 9003
2300 S Washington St
RM SM 106
Kokomo, IN 46904-9003**

APPLICATION SUBMISSION CHECKLIST

STEPS TO COMPLETE	Questions to ask before submitting application
<input type="checkbox"/> Step 1: Information and questionnaire	<ul style="list-style-type: none"> • Am I submitting a completed packet by the program’s stated deadline? • Am I eligible to apply to this program? • Did I include typed responses to all five questions in the questionnaire section?
<input type="checkbox"/> Step 2: Provide Information	<ul style="list-style-type: none"> • Did I complete an explanation of any applicable conviction on a separate paper?
<input type="checkbox"/> Step 3: Provide Information	<ul style="list-style-type: none"> • Did I legibly write all information (<i>especially my email address</i>)? • Did I include up to date contact information (<i>address/phone numbers</i>)?
<input type="checkbox"/> Step 4: Admission Policies <i>(if Necessary)</i>	<ul style="list-style-type: none"> • Have I repeated any courses (includes those already grade replaced on my transcript)? If I did I saw an advisor to assure proper credit and policy effects. • Did I have a semester or semesters where my grades might inhibit my chances? If so, did I ask an advisor about using <i>IU Kokomo</i> policies to help improve your GPA? Note that “Fresh Start” is not applicable to IU Kokomo students or the IU Kokomo Radiography program.
<input type="checkbox"/> Step 5: Certification	<ul style="list-style-type: none"> • Did I sign and date the application as required? • Did I include my full name and ID number?