



Department of Radiologic Sciences
 Health Sciences Riverside 126
 1910 University Drive
 Boise, ID 83725-1845

Application Admission Deadline:

All information including attached **\$20 non-refundable** application fee must be **in our office** (Health Science Riverside, Rm. 126) by **4:00 PM, February 15** or the Friday prior if a weekend
 Phone: 208 426-1996 FAX 208 426-4459

2010 Radiologic Sciences Program Admission Application
 Associate of Science, Radiologic Sciences

Name: _____ Phone Number _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____

BSU Student Number: _____

Have you applied to the program in the past? If yes, the year _____

PLEASE NOTE: It is the APPLICANT'S responsibility to keep the Radiologic Sciences Department informed about any changes in your mailing address, phone number or E-Mail address. The department may need to contact you regarding your application and/or qualifications prior to or after the deadline. Please make certain these contact methods are current.

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

Recommendation Forms (List the 3 individuals that you have asked to complete & return reference forms—see page three)

Academic related	
Work related	
General character	

ALL Higher Education Institutions Attended including BSU:

Copies of transcripts from all institutions attended, including Boise State University MUST be enclosed with this application. A transfer evaluation equivalency by another institution is NOT adequate.

Dates of Attendance	Institution	Degree (if applicable)	Transcript attached*

*Unofficial copies of all transcripts can usually be obtained from the registrar's office of the institution you are currently attending. Complete applications **must include final grades for the fall semester of the year prior to application and the current spring course enrollment.**

Work/Volunteer History:

Dates	Employer	Position/Responsibilities

ANSWER EACH OF THE FOLLOWING QUESTIONS AND/OR COMPLETE THE REQUIRED INFORMATION: (Be certain to complete both boxes)

YES	INITIAL	
		I have ATTACHED : <ul style="list-style-type: none"> • Boise State University Transcripts (unofficial advisor's copy appropriate) • Copies of transcripts from all other higher education institutions attended (college/university). Transcripts do not have to be official; copies usually available through registrar's office of institution you currently attend. Computer printings are fine. • Documentation of fall grades on transcript and current spring course enrollment • Letter of application • Program Application Fee: \$20 check or money order. (Payable to BSU; returned application fee checks for insufficient funds constitute an incomplete application.)
		I understand that it is my responsibility to ensure that all letters of references and transcripts are received in the department by February 15th, 4:00 PM , or my application will be incomplete.
		I understand that I must also apply and be accepted as a full-time student to BSU by the application deadline. I should have a BSU student number.
Date ITM 104 Test Passed:		I understand that the program requires technical proficiency utilizing computer technologies (word processing, e-mail, Internet, etc.). It is also beneficial to have a computer with Internet access (high speed recommended) a browser (Microsoft Internet Explorer 6.0 is recommended), an active e-mail address, and a word processor program (Microsoft Word is highly recommended). Computer access is available on campus for students; e-mail accounts are provided by BSU. Price discounted academic software available through the BSU bookstore. Students must prove minimal technical competency by passing the ITM 104 placement test or equivalent by May 15.
		I understand that if I am accepted into the program that I will provide proof of medical insurance and also provide transportation to all assigned clinical sites, some being approximately 60 miles from Boise State University.
		I understand that accepted students WILL BE required to submit to a personal background check, with the source of and level of background check determined by the College of Health Sciences. I will be responsible for any costs associated with the background check. I understand that my acceptance status may be revoked due to the results of my background check.
		I understand that if accepted into the program, it is a full-time commitment with requirements for evening clinical rotations at some clinical sites. Full time employment is EXTREMELY difficult.
		I understand core electives and required support courses are not administered by the Radiologic Sciences Department. Times and availability will vary in any given semester; there is no guarantee of course availability at any given time. Students are responsible to meet with an advisor to understand the deadlines for course completion. Failure to meet the core course completion deadlines will mean inability to graduate on time.
		I understand that: <ul style="list-style-type: none"> • my overall cumulative GPA must be greater than a 2.40 to be considered for candidacy. • students on academic probation will not be considered. • the prerequisite course GPA must be at least a 2.60 with a minimum of 14 credits completed by the application deadline.
		I understand that preference will be given to those students who have completed the following BSU courses or equivalents by the end of the BSU spring semester of application: (Applications will not be considered if students will be missing more than one course at the end of the spring semester of application) <ul style="list-style-type: none"> • ENGL 101 and ENGL 102 English Composition • CHEM 101+lab Chemistry • MATH143 or MATH108 plus any Core Math • PSYCH101 General Psychology • COMM101 Communication • BIOL227 and BIOL 228 Anatomy and Physiology • HLTHST101 Medical Terminology • Area Core I Arts and Humanities

I have carefully read this application and have answered all questions completely. I declare my answers to be true and correct. Should I furnish false information in any portion of this application, I hereby agree that such an act shall constitute cause for denial for admission to and/or dismissal from the Radiographic Sciences Program.

Signature _____ Date _____

APPLICATION INFORMATION, RADIOLOGIC SCIENCES 2008

Letter of Application:

The application for admission for the AS Radiologic Sciences Program requires inclusion of a narrative Letter of Application, which should be typed, double-spaced, 1 inch margins, Times New Roman 12 pt. font, and no longer than 3 pages in length. Address your letter to the Radiologic Sciences Program Admission Committee. Your letter of application should reflect serious thought. Make certain you sign your name at the end of your letter.

Items to include: (but not limited to)

- Interest/experience that stimulated your pursuit of radiography as a career
- Evidence of investigation in the field of radiology
- Personal strengths and limitations with their potential impact on your success in the program and as a professional
- Professional radiography career goals

Reference Forms:

Three (3) references must be returned to the department by **the admission deadline, February 15, 4:00 PM** using the provided reference form. **These references are closed, in that the individual filling out the form will return it directly to the department;** the applicant does not have access to the completed recommendation form. Each applicant should give the evaluator a copy of the reference form and a stamped envelope addressed to: (references can also be directly FAXed by the evaluator to 208 426-4459)

Radiologic Sciences Program Admission Committee
Boise State University
1910 University Drive
Boise, ID 83725-1845

References **cannot** be completed by relatives of the applicant and should be furnished by individuals who can speak to the abilities of the applicant. The references must include one from each of the following categories:

1. Academic-related individual reference—Select an individual that can assess to your academic ability to complete a rigorous program. This individual could be a prior or current teacher, academic advisor, work trainer, volunteer educator, etc. that knows you well enough to give appropriate information.
2. Work-related reference—Select an individual that has recent knowledge of your work ethic or employment abilities. This can be a current or past supervisor, employer, volunteer coordinator supervisor, etc.
3. General Character Reference—Select an individual who knows you well enough to give a recommendation on your personal and ethical characteristics. This can be a minister, co-worker, coach, etc.

References will be checked.

FOR YOUR INFORMATION: Information Regarding Certification

The American Registry of Radiologic Technologists (ARRT) assesses the ethical standard of all applicants to complete the certification test. The web site is <http://www.arrt.org>. As a portion of those ethical standards, each individual requesting to take the credentialing test must report the following to the ARRT:

1. Convictions, criminal proceedings or military court-martials as described below: (excluding juvenile)
 - i. Conviction of a crime, including a felony, a gross misdemeanor or a misdemeanor with the sole exception of speeding and parking violations. All alcohol and/or drug related violations must be reported.
 - ii. Criminal proceeding where a finding or verdict of guilt is made or returned but the adjudication of guilt is either withheld or not entered, or a criminal proceeding where the individual enters a plea of guilty or nolo contendere.
 - iii. Military court-martials that involve substance abuse, any sex-related infractions, or patient-related infractions

The ARRT has the power to deny any credentialing application based on the above information. Passing admission to the program through background check verification will not GUARANTEE acceptance by the ARRT.

BOISE STATE UNIVERSITY

Department of Radiologic Sciences

The demographic information requested below will be used only for statistical purposes.

This information is not considered in the admission process.

**ALL INFORMATION IS VOLUNTARILY
GIVEN TO DEPARTMENT OF RADIOLOGIC SCIENCES**

WHICH PROGRAM ARE YOU APPLYING FOR?

Radiologic Sciences CT
 MRI Sonography

ETHNIC BACKGROUND

African-American Native American
 Asian Pacific Islander
 Caucasian Other
 Hispanic/Latino-American

HOW DID YOU FIND OUT ABOUT THE BOISE STATE UNIVERSITY RADIOLOGIC SCIENCES PROGRAM?

Career Fair Television ads
 Friends and family Website
 Radiologic Technologists High school advisor
 Newspaper ads Dept. of Radiologic Sciences recruiter
 Radio ads Other (Please specify)

CURRENT LEVEL OF EDUCATION

GED

High School Diploma

Some College Credits

Applied Technical Certificate; College/University: _____
Area of Study _____

Associate of Science or Arts Degree; College/University: _____
Area of Study _____

Bachelor of Science or Arts Degree; College/University: _____
Area of Study _____

Master of Science or Arts Degree; College/University: _____
Area of Study _____

ARE YOU A RESIDENT OF IDAHO? Yes No

CURRENT AGE: 0-20 21-30 31-40 41+

GENDER: Male Female

PLEASE INDICATE INCOME LEVEL OF HOUSEHOLD:

<input type="checkbox"/> \$0 – \$18,000	Number in household
<input type="checkbox"/> \$18,001 – \$24,000	<input type="checkbox"/> 1-2
<input type="checkbox"/> \$24,001 – \$30,000	<input type="checkbox"/> 3-4
<input type="checkbox"/> \$30,001 – \$36,000	<input type="checkbox"/> 5+
<input type="checkbox"/> \$36,001 – more	