

**BALL STATE UNIVERSITY RADIOGRAPHY PROGRAM
PROFESSIONAL CONCENTRATION PHASE STARTING SUMMER 2026
INSTRUCTIONS, CHECKLIST AND APPLICATION**

Please read all information completely and follow all directions. Allow enough time prior to the application deadline to ensure you have all required documentation for submission of your application packet. If you do not follow the directions your application may be disqualified.

- Please refer to the following references for Radiography Program information:
 - BSU undergraduate catalog, www.bsu.edu
 - Radiography Major Advisor, Mathilda Okhuemoi, mathilda.okhuemoi@bsu.edu
 - Radiography Program Director, Rhonda Jones, rjones1@iuhealth.org
 - *Radiography Check Sheet and Radiography Program Policies, Procedures and Information (PDF)* documents at www.bsu.edu/radiography

ADMISSION REQUIREMENTS TO SUBMIT AN APPLICATION - all requirements must be met by the application deadline, unless otherwise specified.

- Meet with the Radiography Major Advisor, Mathilda Okhuemoi.
- Be a current Ball State student by December 1 of the year immediately prior to the professional concentration phase application deadline. All transfer credits must be evaluated and appear on the official BSU transcript.
- Successfully complete 12 of the 24 credits of radiography prerequisite courses.
- Earn a minimum of 2.5 overall GPA from the required radiography prerequisite courses.
- Disclose any termination from a healthcare facility.
- Meet the following requirements of the math/science courses ANAT 201, CHEM 100, MATH 125, PHYC 100, PHYS 215:
 - Complete 3 of the 5.
 - Complete within the past seven years or must be retaken.
 - Not repeat any math/science course more than one time.
 - Earn a grade of C or higher for all 5 math/science courses.
- Earn a grade of C or higher for English (ENG 103).
- Have read the most current Radiography Program documents posted on the BSU website at www.bsu.edu/radiography: *Radiography Program Instructions and Application; Radiography Program Policies, Procedures, and Information; Radiography Check Sheet.*
- Be a minimum of 18 years of age by the first day of the professional concentration phase of the program due to occupational radiation exposure limits of minors and to meet legal clinical education setting policies.

COMPLETING AND SUBMITTING AN APPLICATION - the following items apply to all applicants.

1. Go online to www.bsu.edu/radiography to obtain the most current Radiography Program instructions and application. Only the most current application will be accepted and may not be reformat- ted or changed. Right click on the document and save to your computer and then open with Adobe Acrobat Reader. Click on the link for a free download of Adobe Acrobat Reader if neces- sary, www.adobe.com/reader. Do **not** open and edit with Preview – save to your desktop first.
2. Reapplicants must resubmit a current application and all required materials. Current, official tran- scripts must be resubmitted each time.
3. All information on **pages 5-7** must be typed on the electronic version of the application on the computer. All required information must be provided for all spaces/questions on pages 5-7. The applicant is responsible for the accuracy and completeness of the application and all required documentation. Once completed, **print pages 5-7** (no pictures or screen shots). If the information you provide is incorrect or you leave spaces blank your application may be disqualified.

4. If you have difficulty completing or printing the electronic version of the application, immediately contact the Radiography Major Advisor or the Nutrition and Health Science Office for assistance.
5. If you completed required radiography prerequisite courses **at another university/college**, as soon as grades are posted, immediately request two official transcripts from the university/college at which you completed the courses and follow the instructions in the bullets below. If you earned dual credit in high school for any of the required prerequisite radiography courses, you must request an official printed transcript from the university/college that issued the credit and follow the instructions in the bullets below.
 - Have the university/college send one official transcript to the Office of Admissions, Lucina Hall, Ball State University, Muncie, IN, 47306.
 - BSU Admissions must have time to enter your transfer courses prior to you requesting an official BSU transcript. This has to be completed by the Radiography Program application deadline.
 - Keep the other official transcript to submit with your Radiography Program application.
6. Complete the program application. If you have any questions or difficulty obtaining official transcript(s), immediately contact the Radiography Major Advisor for assistance prior to submitting your application packet. Attach the following:
 - a. **A current, printed official BSU transcript**
 - The official BSU transcript must list all of your BSU courses including grades through the most current fall semester and all transfer courses.
 - It is recommended to request the official BSU transcript 01/01/2026 or after to ensure all courses and grades are included.
 - You must attach a printed official BSU transcript even if you are a transfer student to show your transfer credits have officially been accepted.
 - If all BSU (including the most current fall semester) and transfer radiography prerequisite courses do not show on your official BSU transcript please contact the Radiography Major Advisor for assistance prior to submitting your application packet.
 - We will accept a copy of an official transcript or a parchment transcript if the Ball State University or BSU watermark is clearly visible on the transcript. Printed or copied transcripts may show wording such as "Void" or "Copy of transcript" which is acceptable. Check the printed transcript to ensure that the BSU name or watermark can be clearly seen. If the BSU name or watermark cannot be clearly seen your application may be disqualified.
 - **Unofficial BSU transcripts will not be accepted.**
 - You may request the BSU transcript in person from the Office of the Registrar in Lucina Hall on BSU's campus or you may go to www.bsu.edu and search for "Request Transcripts" and follow the directions.
 - b. **A current, printed official university/college transcript from any other universities/colleges from which you have taken and/or transferred credits for required radiography prerequisite courses**
 - This applies to any radiography prerequisite course whether taken in high school for college credit, course(s) taken many years ago, etc. This is in addition to the official transcripts supplied to BSU Admissions.
 - If you received dual college credit for courses taken in high school you must submit a current, printed official university/college transcript showing course grades from the university/college that issued the credit. **Do not send high school transcripts.**
 - If you originally took a prerequisite course at another university/college and then retaken the course at BSU, you still need to submit an official transcript from the university/college at which you originally took the course.
 - We will accept a copy of an official transcript or a parchment transcript if the university/college name or university/college watermark is clearly visible on the transcript. Printed or copied transcripts may show wording such as "Void" or "Copy of transcript" which is acceptable. Check the printed transcript to ensure that the name of the university/college or watermark can be clearly seen. If the university/college cannot be clearly seen your application may be disqualified.

- **Unofficial transcripts will not be accepted.** If a university/college will not release an official transcript directly to you, please contact the Radiography Major Advisor for assistance prior to submitting your application packet.
- c. **Documentation to show you are currently registered in any course(s) if taking required radiography prerequisite course(s) in the spring semester at another university/college other than BSU**
- An example of acceptable documentation would be a course schedule which includes the student's name, university/college name, course name and number and dates/times of the course.
8. **Disclosure of termination from healthcare facility**
Full disclosure of involuntary termination from a healthcare facility is required on the application to the professional concentration phase of the Radiography Program. The cause of termination will be reviewed to determine if you would not be eligible to work in a healthcare facility. If it is determined that you are not eligible to work in a healthcare facility due to the cause of termination, it will not be possible for you to complete the professional concentration phase of the Radiography Program and the application process will be stopped. All decisions are handled on a case-by-case basis.
9. **Disclosure of misdemeanor or felony**
 Students accepted to the professional concentration phase of the Radiography Program must successfully complete a background check and be cleared by IU Health to participate in the program. Accepted students must also apply and receive a student permit issued by the Indiana Department of Health. Prior to completion of the program, students will apply for the national credentialing examination administered by the American Registry of Radiologic Technologists (ARRT). The ARRT credential is required to work in most states. Accepted students will be asked to respond to questions regarding felonies and misdemeanors. On the ARRT application, applicants will be required to disclose any ticket, citation, summons, arrest, charge or conviction for a misdemeanor or felony. You must disclose any ticket, citation, summons, arrest, charge or conviction regardless of how long ago they occurred even if you have been told nothing will show on your record, the charges were dismissed, etc. For example, a charge and/or ticket and/or conviction for underage drinking must be disclosed even if you have been told it will not show on your record. Disclosure will not automatically disqualify an individual from qualifying to take the ARRT examination.
- For the ARRT, individuals with disclosure of a misdemeanor or felony may complete a pre-application review process and receive clearance from the ARRT prior to being accepted into the program or if you're at least eight months away from Radiography Program graduation. To download a pre-application form, go to https://www.arrt.org/docs/default-source/ethics/ethics-review-preapplication.pdf?sfvrsn=74a101fc_44. Please note the Ethics Pre-Application Review may take up to 12 weeks to be completed.
 - If you have questions on whether or not you need to disclose information and/or should consider completing the pre-application review process through the ARRT, please contact the Radiography Program Director at rjones1@iuhealth.org.

REVIEW OF APPLICATION PACKETS

The Radiography Program Admissions Committee will meet in February to review the application packets. Applicants are reminded that the application process is competitive, the number of professional concentration phase spots is limited, and the top-ranking applicants are selected for the program. Applicants will be ranked using the following formula: (GPA of required radiography prerequisite courses x 8) + (GPA of required radiography prerequisite math/science courses x 17).

NOTIFICATION OF ADMISSION STATUS

Upon final review of the application packets, all applicants will be notified in writing, via email, of their admission status. Letters will be sent to the BSU email address listed on the Radiography Program application.



Check as completed.

Do not submit your application packet if you do not have the required documentation attached!

- Meet with the Radiography Major Advisor, Mathilda Okhuemoi.
- Ensure you are a current Ball State student by December 1. If you have not received an official admittance notification from BSU by the December 1 deadline, provide evidence that you officially applied to BSU by the first business day of November when submitting your application packet.
- Ensure you use the most current radiography instructions and application.
- Complete **all** spaces/questions on all pages on the electronic application by typing in all responses on the computer. If there is a reason you are leaving a space blank you must include a statement as to why or your application may be disqualified.
- Officially transfer any radiography prerequisite courses taken at another university/college to BSU.
- Attach a current, printed official BSU transcript which lists all of your BSU courses including grades through the most current fall semester and all transfer courses. It is recommended to request the official BSU transcript 01/01/2026 or after to ensure all courses and grades are included.
- Attach current, printed official transcripts showing course grades from any other university/college from which you have taken and/or transferred credits for required radiography prerequisite courses. If you earned dual credit in high school for any of the required prerequisite radiography courses, you must submit an official printed transcript from the university/college that issued the credit.
- Attach documentation to show you are currently registered in any course(s) if taking required radiography prerequisite course(s) in the spring semester at another university/college **other than BSU**.
- Read the most current Radiography Program documents posted on the BSU website at www.bsu.edu/radiography: *Radiography Program Instructions and Application*; *Radiography Program Policies, Procedures, and Information*; *Radiography Check Sheet*.
- **After you print your application, check it again to make sure you have completed all spaces on all pages. Check to see that all information shows clearly on all printed documents and none of the information is cut off. You only need to submit pages 5-7 of the application with your packet.**

Return the application packet to the Department of Nutrition and Health Science, Health Professions Building 530, Ball State University, Muncie, IN 47306, no later than 5:00 p.m. local time (Eastern Standard Time) on the first business day of February. Once you submit an application packet to the Nutrition and Health Science Office it is considered a final submission.

Incomplete, inaccurate and/or late application packets may be disqualified.

FOR OFFICE USE ONLY

DATE RECEIVED _____

Department of Nutrition and Health Science
Ball State University, Muncie, IN 47306
765-285-5961 (Office)
765-285-3210 (Fax)
www.bsu.edu/nutritionandhealth

**BALL STATE UNIVERSITY RADIOGRAPHY PROGRAM APPLICATION
PROFESSIONAL CONCENTRATION PHASE STARTING SUMMER 2026**

Return the application packet to the Department of Nutrition and Health Science, Health Professions Building 530, Ball State University, Muncie, IN 47306, no later than 5:00 p.m. local time (Eastern Standard Time) on the first business day of February. Do not submit your application packet if you do not have the required documentation attached! Incomplete, inaccurate and/or late application packets may be disqualified.

PERSONAL INFORMATION

LEGAL NAME _____
LAST FIRST MIDDLE INITIAL

PREVIOUS NAMES ON TRANSCRIPTS _____

ADDRESS _____
Street number and name, including apartment number, if applicable

City State Zip

BSU ID #: (9 digits) _____

BSU EMAIL ADDRESS _____

PHONE NUMBER WITH AREA CODE _____

All accepted students must be a minimum of 18 years of age by the first day of the professional concentration phase of the Radiography Program due to occupational radiation exposure limits of minors and to meet clinical education setting policies.

Will you be a minimum of 18 years of age by Monday, May 11, 2026? ☐ Yes ☐ No

PREREQUISITE RADIOGRAPHY COURSES NOT YET COMPLETED/IN PROGRESS

If you have taken and/or transferred any of the 8 required prerequisite radiography courses at another university/college **other than Ball State** refer to pages 2 and 3 for instructions on submitting current official transcripts. If you earned dual credit in high school for any of the required prerequisite radiography courses, you must submit an official printed transcript from the university/college that issued the credit.

If you are taking any radiography prerequisite course(s) in the spring semester at a university/college **other than BSU**, proof of registration in the course(s) must be submitted with your application packet.

LEGAL NAME _____
LAST FIRST MIDDLE INITIAL

DISCLOSURE OF TERMINATION FROM HEALTHCARE FACILITY

Have you ever been involuntarily terminated from any healthcare facility? ☐ Yes ☐ No

If you answered “**Yes**”, complete the information below. The cause of termination will be reviewed to determine if you would not be eligible to work in a healthcare facility. If it is determined that you are not eligible to work in a healthcare facility due to the cause of termination, it will not be possible for you to complete the professional concentration phase of the Radiography Program and the application process will be stopped. All decisions are handled on a case-by-case basis.

Name of facility State in which facility is located

County (not country) in which facility is located Date (Month/Year) of termination

Provide a **complete explanation** of the circumstances and reason for your involuntary termination in the space below. Failure to provide a complete explanation may result in your application being disqualified. Attach another piece of paper with your application packet if necessary.

LEGAL NAME _____
LAST FIRST MIDDLE INITIAL

APPLICANT STATEMENT

I attest that I have read the most current version of the following documents posted on the BSU website:

- *Radiography Program Instructions and Application*
- *Radiography Program Policies, Procedures and Information*
- *Radiography Check Sheet*

I believe, to the best of my ability, I meet the minimum admission requirements listed on page 1 of the application instructions.

Information on requirements below will be provided by the Radiography Program Director if accepted to the professional concentration phase of the Radiography Program.

I understand all students accepted to the professional concentration phase of the Ball State University Radiography Program must:

- Possess United States citizenship or a permanent resident visa in the United States or student visa that does not expire prior to the completion date of the program.
- Possess a social security number.
- Provide a \$100 administrative fee to confirm the offered position in the program.
- Attend a mandatory pre-orientation at IU Health Methodist Hospital in Indianapolis held in March or April.
- Successfully complete a background check through a company approved by IU Health. Students are responsible for the background check fee (minimum currently \$39).
- Successfully obtain a radiology student permit through the Indiana Department of Health.
- Successfully complete a drug screen performed by IU Health.
- Complete the Technical Standards for Admission and Retention Certification Form.
- Provide proof of health insurance coverage through the completion of the Radiography Program and documentation of mandatory immunizations/tests by a qualified health care provider.
- Provide proof of completion of an American Heart Association "Basic Life Support (BLS) for Healthcare Providers" course.
- Be a minimum of 18 years of age by the first day of the professional concentration phase of the program.
- Have a laptop computer with a camera and ability to download required software for course testing and reliable Internet.
- Provide any other requested documentation necessary for the professional concentration phase of the program.

I understand that, at a later date, I will be required to disclose charges and convictions for misdemeanors and felonies to apply for the national credentialing examination administered by the American Registry of Radiologic Technologists (ARRT). I understand this credential is required to work in most states. I understand that if my application to take the ARRT radiography examination is denied I may not be able to work in radiography.

I attest that I have read and to the best of my knowledge, understand the information in the instructions and application. I attest that the information on this application and submitted documentation is accurate and complete. I understand that I am responsible for the completeness and accuracy of the application packet. I understand that falsification of required information and/or documents will immediately disqualify my application from consideration.

Type your name and date signed in the spaces below. Your typed legal name below qualifies as an electronic signature.

Typed full legal name Date signed (Month/Day/Year)