

# BALL STATE UNIVERSITY RADIOGRAPHY PROGRAM 2024-2025 PROFESSIONAL CONCENTRATION PHASE 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.***

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

- Please refer to the following for information regarding admission requirements:
  - BSU Undergraduate catalog, [www.bsu.edu](http://www.bsu.edu)
  - Departmental Advisor, Katharine Herbert, [kjherbert@bsu.edu](mailto:kjherbert@bsu.edu)
  - Radiography Check Sheet, [www.bsu.edu/radiography](http://www.bsu.edu/radiography)
  - Radiography Program Policies, Procedures and Information, [www.bsu.edu/radiography](http://www.bsu.edu/radiography)

## **COMPLETING AND SUBMITTING AN APPLICATION—the following items apply to all applicants.**

1. Go online to [www.bsu.edu/radiography](http://www.bsu.edu/radiography) to obtain the most current radiography program application packet. Only the most current application packet will be accepted and may not be reformatted 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 necessary, [www.adobe.com/reader](http://www.adobe.com/reader).
2. Reapplicants must resubmit a new application and all required materials. Current, official transcripts must be resubmitted each time.
3. All information on **pages 5-9** 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 5-9 including your name and date on the last page. Once completed, print the application (no pictures or screen shots) (pages 5-9).
4. If you have difficulty completing or printing the electronic version of the application, immediately contact the Nutrition and Health Science Departmental Advisor for assistance. If you do not follow the directions your application may not be considered.
5. The applicant is responsible for the accuracy and completeness of the application and all required documentation.
6. If you completed required radiography prerequisite courses **at another university**, as soon as grades are posted, immediately request two official transcripts from the university at which you completed the courses.
  - Have the institution send one official transcript to the Office of Admissions, Lucina Hall, Ball State University, Muncie, IN, 47306.
  - Admissions must have time to enter your transfer courses prior to you requesting an official BSU transcript and/or printing your current Student DegreeWorks record. This has to be completed by the radiography program application deadline.
  - Keep the other official transcript to submit with your radiography program application.
7. Attach the following documentation to the program application:  
If you have any questions or difficulty obtaining the BSU Student DegreeWorks record or official transcript(s), immediately contact the Nutrition and Health Science Departmental Advisor for assistance at [kjherbert@bsu.edu](mailto:kjherbert@bsu.edu) prior to submitting your application packet.
  - a. A current BSU Student DegreeWorks record which lists all of your BSU courses with grades and your transfer courses printed **01/01/2024** or after.
    - Your Student DegreeWorks record can be accessed through Self-Service Banner.
    - Transfer students must also print a current Student DegreeWorks record.

- Print (do not screen shot) the DegreeWorks report showing your degree progress. The Student DegreeWorks record must show all grades posted including the most current fall semester if taking radiography prerequisite courses. Include all pages of the report to submit with your application packet.
- If radiography prerequisite courses were taken at another institution check your BSU Student DegreeWorks record to assure that all courses have been transferred and are listed prior to submitting your application packet.
- If you have more than one major declared make sure to select the Radiography major in the drop-down menu at the top of the DegreeWorks page.
  - If you have not declared Radiography as a major, immediately contact the Nutrition and Health Science Departmental Advisor for assistance prior to submitting your application packet.
- b. 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.
  - Request the official BSU transcript 01/01/2024 or after to assure that all courses and grades are included.
    - You must request 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 Nutrition and Health Science Primary Departmental Advisor for assistance prior to submitting your application packet.
    - **Electronic BSU transcripts will not be accepted.**
    - You may request the transcript in person from the Office of the Registrar in Lucina Hall on BSU's campus or you may go to [www.bsu.edu](http://www.bsu.edu) and search for "Request Transcripts" and follow the directions.
- c. Current, printed official transcripts showing course grades from any other institutions from which you have 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.
  - **Electronic transcripts will not be accepted.** If an institution will not release an official transcript directly to you, please contact the Nutrition and Health Science Departmental Advisor for assistance prior to submitting your application packet.
- d. 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 **other than BSU**.
- e. The pre-application review clearance letter from ARRT, if applicable.

#### 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

***Full disclosure of any ticket, citation, summons, arrest, charge or conviction for a misdemeanor or felony is required on the application to the professional concentration phase of the radiography program.*** 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. other than the exceptions listed below. 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.

1. Individuals with a disclosure of a misdemeanor or felony must complete a pre-application review process through the American Registry of Radiologic Technologists (ARRT) and receive

clearance from the ARRT prior to applying to the professional concentration phase.

- a. The pre-application fee is the responsibility of the student.
- b. Written clearance to take the ARRT examination must be attached to the professional concentration phase program application by the application deadline.
2. ***If you have questions on whether or not you need to disclose information and/or complete the pre-application review process through the ARRT, it is your responsibility to contact the Radiography Program Director at [dlong2@iuhealth.org](mailto:dlong2@iuhealth.org) well in advance of the application deadline prior to submitting the professional concentration phase application packet. Do not call the ARRT with questions—contact the Radiography Program Director.***
3. ***Exceptions that do not need to be disclosed are:***
  - a. Offenses and convictions that occurred before you turn 18 and that were processed in juvenile court.
  - b. Speeding and parking tickets that weren't charged as misdemeanors or felonies and that didn't involve drugs or alcohol. If you have any traffic violation that involved drugs and/or alcohol, you must answer "Yes".
  - c. Charges that were dismissed with no court conditions required. If conditions were required, you must answer "Yes."

***Refer to #4 below regarding the explanation of "dismissed" and #7a.***

  - d. Court records that were sealed or expunged. If you don't have court documents that prove your case was sealed or expunged, you must answer "Yes."
4. Dismissed does not mean the charge never occurred; it is simply the disposition of how the case was closed. If you had to attend a class, pay a fine, perform community service, probation and/or stay out of trouble for a period of time, etc. that is a court condition and you must disclose this and complete the pre-application review process through the ARRT.
5. Disclosure will not automatically disqualify your professional concentration phase application.
6. If you do not disclose prior tickets, citations, summonses, arrests, charges or convictions on the professional concentration phase program application and a validated ticket, citation, summons, arrest, charge or conviction appears on your background check or is discovered later, that was not dismissed with no court conditions, your professional concentration phase application will be disqualified and/or professional concentration phase position will be revoked.
7. For more information and/or instructions, please contact the Radiography Program Director at [dlong2@iuhealth.org](mailto:dlong2@iuhealth.org) for pre-application information well in advance (at least 3 months) of the professional concentration phase program application deadline. To download a pre-application form from the American Registry of Radiologic Technologists, go to [https://www.arrt.org/docs/default-source/ethics/ethics-review-preapplication.pdf?sfvrsn=74a101fc\\_44](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.***
  - a. If you have ever participated in a diversion program or had any other requirements set by a court such as paying a fine, taking a class, community service, stay out of trouble for 6 months, etc. you need to obtain documentation from the court and/or a copy of the court docket verifying your completion of the requirements to send in as documentation to the ARRT when completing the ARRT pre-application review process. Documents may usually be obtained by request at the courthouse in the jurisdiction in which the charge or conviction occurred.
  8. If you have previously applied to the professional concentration phase of the radiography program and already have a clearance letter from the ARRT, you do not have to complete the pre-application review process again provided no other tickets, citations, summonses, arrests, charges or convictions have occurred. You may just attach a copy of the previous clearance letter. If new tickets, citations, summonses, arrests, charges or convictions have occurred you must complete a new pre-application review process with the ARRT.

## **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 current email address listed on the radiography program application.



### **Check as completed.**

- \_\_\_\_\_ Meet with the Nutrition and Health Science Departmental Advisor.
- \_\_\_\_\_ Assure that 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.
- \_\_\_\_\_ Complete ***all*** spaces/questions on all pages on the electronic application by typing in all responses on the computer.
- \_\_\_\_\_ Officially transfer any radiography prerequisite courses taken at another university.
- \_\_\_\_\_ Attach a current printed BSU Student DegreeWorks record (all pages) for your radiography major which lists all of your BSU courses with grades and your transfer courses printed 01/01/2024 or after.
- \_\_\_\_\_ 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 printed 01/01/2024 or after.
- \_\_\_\_\_ Attach current, printed official transcripts showing course grades from any other institutions from which you have transferred credits for required radiography prerequisite courses.
- \_\_\_\_\_ 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 ***other than BSU***.
- \_\_\_\_\_ Attach the pre-application review clearance letter from ARRT, if applicable.
- \_\_\_\_\_ Read the most current *Radiography Program Policies, Procedures, and Information* and *Radiography Check Sheet* documents posted on the BSU website.

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.

***Incomplete, inaccurate and/or late application packets may not be considered.***

**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](http://www.bsu.edu/nutritionandhealth)

## BALL STATE UNIVERSITY RADIOGRAPHY PROGRAM APPLICATION 2024-2025 PROFESSIONAL CONCENTRATION PHASE

### PERSONAL INFORMATION

LEGAL NAME \_\_\_\_\_

LAST

FIRST

MIDDLE OR INITIAL

PREVIOUS NAMES ON TRANSCRIPTS \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Street number and name, including apartment number, if applicable

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

BSU ID #: (9 digits) \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

(at which you may **currently** be contacted)

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 13, 2024?

**Yes**  **No**

### PREREQUISITE RADIOGRAPHY COURSES

Did you complete any of the 8 required prerequisite radiography courses at another educational institution **other than Ball State?** **Yes**  **No**

If you responded **“Yes”** refer to pages 1 and 2 for instructions on submitting current, official transcripts.

Have you completed all 8 required radiography prerequisite courses? **Yes**  **No**

If you responded **“No”**, list which course(s) you are currently enrolled or will be enrolled in and at which educational institution you plan to take the course(s). If taking any radiography prerequisite course(s) at an institution **other than BSU**, proof of registration in the course(s) must be submitted with your application packet. If taking courses at BSU make sure the course(s) in which you are registered show on your DegreeWorks record and/or official BSU transcript.

LEGAL NAME \_\_\_\_\_

LAST

FIRST

MIDDLE OR INITIAL

**PREREQUISITE RADIOGRAPHY COURSES (continued)**

NAME and NUMBER OF COURSE	AT WHICH EDUCATIONAL INSTITUTION WILL YOU TAKE THE COURSE?

**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 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 not being considered. Attach another piece of paper with your application packet if necessary.

LEGAL NAME \_\_\_\_\_

LAST

FIRST

MIDDLE OR INITIAL

## **DISCLOSURE OF MISDEMEANOR OR FELONY**

Refer to page 3 of this application packet for a complete explanation regarding disclosure of misdemeanors or felonies.

***Full disclosure of any ticket, citation, summons, arrest, charge or conviction for a misdemeanor or felony is required on the application to the professional concentration phase of the radiography program.*** 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. other than the exceptions listed below.

**These bulleted exceptions do not have to be disclosed:**

- Offenses and convictions that occurred before you turn 18 and that were processed in juvenile court.
- Speeding and parking tickets that weren't charged as misdemeanors or felonies and that didn't involve drugs or alcohol. If you have any traffic violation that involved drugs and/or alcohol, you must answer "Yes".
- Charges that were dismissed with no court conditions required. If conditions were required, you must answer "Yes." Please refer to page 3 for the explanation of "dismissed."
- Court records that were sealed or expunged. If you don't have court documents that prove your case was sealed or expunged, you must answer "Yes."

**Other than the exceptions listed above:**

1. Have you ever received a ticket, citation, summons, arrest, charge or conviction for a misdemeanor or felony (including conviction of a similar offense in a military court-martial)?

**Yes  No**

**\*You are required to report charges or convictions that were: stayed, withheld/deferred, set aside, suspended, plea of guilty, Alford plea, plea of no contest (nolo contendere), court supervision, probation or pre-trial diversion. This also includes traffic violations charged as a misdemeanor or felony and/or involved drugs or alcohol.**

2. Have you had any professional license, permit, registration or certification denied, revoked, suspended, been placed on probation, under consent agreement or consent order, voluntarily surrendered your professional license, permit, registration or certification or have been subjected to any conditions or disciplinary actions by a regulatory authority or certification board (other than ARRT)?

**Yes  No**

3. While attending an educational program to meet ARRT certification and registration requirements, were you ever suspended, dismissed, or expelled from that program?

**Yes  No**

4. Have you ever had to do something as a condition of the court such as attend a class, pay a fine, perform community service, probation and/or stay out of trouble for a period of time, etc.

**Yes  No**

**If the response to any of the questions is "Yes", you must complete a pre-application review process through the American Registry of Radiologic Technologists (ARRT) and receive clearance from the ARRT. Written clearance to take the ARRT examination must be attached to the program application by the application deadline.**

LEGAL NAME \_\_\_\_\_

LAST

FIRST

MIDDLE OR INITIAL

**DISCLOSURE OF MISDEMEANOR OR FELONY (continued)**

If you answered "Yes" to any of the previous questions, complete the additional information.

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List nature of ticket, citation, summons, arrest, charge, conviction

State of occurrence

County of occurrence

Date (Month/Year) of occurrence

Provide a **complete explanation** of the nature of the ticket, citation, summons, arrest, charge or conviction and the result, penalty, etc. in the space below. Failure to provide a complete explanation may result in your application not being considered. Attach another piece of paper with your application packet if necessary.

LEGAL NAME \_\_\_\_\_

LAST

FIRST

MIDDLE OR INITIAL

## **APPLICANT STATEMENT**

My signature below attests I have read the most current version of the following documents posted on the BSU website:

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

***Information on all requirements below will be provided by the program director if accepted to the professional concentration phase of the radiography program.***

My signature below attests that I understand all students accepted to the professional concentration phase of the Ball State University radiography program must:

- Have United States citizenship or possess a permanent resident visa in the United States or possess a 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 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.
- Successfully complete a drug screen performed by IU Health.
- Complete the Technical Standards for Admission and Retention Certification Form. If any student believes they might have difficulty meeting any of the Technical Standards for Admission and Retention (contained in the *Program Policies, Procedures and Information*), it is the student's responsibility to contact the radiography program director **prior** to accepting a position in the program to request possible accommodations.
- Provide proof 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.
- Provide any other requested documentation necessary for the professional concentration phase of the program.

To the best of my knowledge, I have read and understand the information and certify 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 records will immediately disqualify my application from consideration.

**Your typed legal name below qualifies as an electronic signature. Your typed name below shall have the same force and effect as your written signature.**

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Full legal name

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Date (Month/Day/Year)

***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.***

***Incomplete, inaccurate and/or late application packets may not be considered.***