

**BALL STATE UNIVERSITY RADIOGRAPHY PROGRAM
2025-2026 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 references for information regarding admission requirements:
 - BSU undergraduate catalog, www.bsu.edu
 - Radiography advisor, Mathilda Okhuemoi, mathilda.okhuemoi@bsu.edu
 - Radiography program director, Rhonda Jones, rjones1@iuhealth.org
 - *Radiography Check Sheet*, www.bsu.edu/radiography
 - *Radiography Program Policies, Procedures and Information (PDF)* document, www.bsu.edu/radiography

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 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. Do **not** open and edit with Preview – save to your desktop first.
2. Reapplicants must resubmit a new application and all required materials. Current, official transcripts must be resubmitted each time.
3. All information on pages 5-7 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 including your name and date signed on the last page. Once completed, print pages 5-7 (no pictures or screen shots).
4. If you have difficulty completing or printing the electronic version of the application, immediately contact the radiography program advisor or the Nutrition and Health Science Department 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 radiography program advisor for assistance at mathilda.okhuemoi@bsu.edu prior to submitting your application packet.

- a. A current BSU Student DegreeWorks record which includes your name and lists all of your BSU courses with grades and your transfer courses. It is recommended to print the DegreeWorks record 01/01/2025 or after to ensure all pertinent course information is included.
 - 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 your name and 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. The report may say “Ellucian University” at the top. “Ellucian University” is the program associated with DegreeWorks and it is fine to be visible.
 - 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 radiography program 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.
 - It is recommended to request the official BSU transcript 01/01/2025 or after to ensure 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 radiography program advisor for assistance prior to submitting your application packet.
 - **Unofficial or 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 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.
 - Transcripts must be submitted even if you retook the course at BSU or another institution.
 - **Unofficial or electronic transcripts will not be accepted.** If an institution will not release an official transcript directly to you, please contact the radiography program 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.**
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 participating in the program or qualifying to take the ARRT examination.

- For the ARRT, individuals with a disclosure of a misdemeanor or felony may complete a pre-application review process and receive clearance from the ARRT prior to beginning the professional concentration phase. 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 current 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 program 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 includes your name and lists all of your BSU courses with grades and your transfer courses. It is recommended to print the DegreeWorks record 01/01/2025 or after to ensure all pertinent course information is included.
- 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 01/01/2025 or after to ensure all courses and grades are included.
- 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**.
- Read the most current *Radiography Program Policies, Procedures, and Information* and *Radiography Check Sheet* documents posted on the BSU website.
- **After you print your application, check it again to make sure you have completed all spaces on all pages and that all information shows correctly. 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.

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

**BALL STATE UNIVERSITY RADIOGRAPHY PROGRAM APPLICATION
2025-2026 PROFESSIONAL CONCENTRATION PHASE**

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 not be considered.

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) _____

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 12, 2025? Yes No

PREREQUISITE RADIOGRAPHY COURSES

If you completed any of the 8 required prerequisite radiography courses at another educational institution *other than Ball State* refer to pages 1 and 2 for instructions on submitting current official transcripts.

List all required radiography prerequisite courses in which you are currently enrolled or will be enrolled 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 INITIAL

PREREQUISITE RADIOGRAPHY COURSES (continued)

NAME or PREFIX and NUMBER OF COURSE For example, Physiology 215 or PHYSL 215	AT WHICH EDUCATIONAL INSTITUTION WILL YOU TAKE THE COURSE? For example, Ball State or Ivy Tech

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

LEGAL NAME _____
LAST
FIRST
MIDDLE INITIAL

APPLICANT STATEMENT

My typed 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 requirements below will be provided by the program director if accepted to the professional concentration phase of the radiography program.

My typed signature below attests that 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 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 also 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.

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.

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)