

FOR OFFICE USE ONLY  
Date Received \_\_\_\_\_

**Allied Health Science Program**  
**Department of Nutrition & Health Science**  
**1615 W. Riverside Ave, HB 530**  
**Ball State University, Muncie, IN 47306**  
**(765) 285-5961 (VOICE)**  
**(765) 285-3210 (FAX)**

**2022**  
**RESPIRATORY THERAPY**  
**ALLIED HEALTH SCIENCE PROGRAM APPLICATION**

**PERSONAL INFORMATION**

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
Last First Middle

CURRENT ADDRESS \_\_\_\_\_  
Number Street City State Zip Code

PERMANENT ADDRESS \_\_\_\_\_  
Number Street City State Zip Code

CURRENT PHONE# ( \_\_\_\_ ) \_\_\_\_\_ PERMANENT PHONE# ( \_\_\_\_ ) \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ BSU Student ID # \_\_\_\_\_

**EDUCATION**

High School

\_\_\_\_\_  
Name of School City State Zip Degree/Diploma Date Graduated

College/Univ.

\_\_\_\_\_  
Name of School City State Zip Degree/Diploma Date Graduated

College/Univ.

\_\_\_\_\_  
Name of School City State Zip Degree/Diploma Date Graduated

College/Univ

\_\_\_\_\_  
Name of School City State Zip Degree/Diploma Date Graduated

Program Completion Plan: In which pre-clinical courses are you presently enrolled (Fall 2021)?

Course Prefix/Number	Course Prefix/Number	Course Prefix/Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

Program Completion Plan: Which pre-clinical courses do you still have to take (Spring 2022 and/or Summer 2022)? When and where do you plan to take them?

Course Prefix/Number	When will you take it?	At which educational institution will you take the course?

How did you originally find out about the Respiratory Therapy program at Ball State University?

Please state your reason(s) for applying to this program.

IU Health Employment: Are you currently or have you ever been employed by IUHEALTH or one of its entities?

Yes \_\_\_\_\_ NO \_\_\_\_\_

A Social Security Number is required to facilitate a criminal background check and allow students access to hospitals that serve as the program's clinical partners.

Do you have a social security number?

Yes \_\_\_\_\_ No \_\_\_\_\_

If you do not currently have a social security number: Initial here to verify your understanding that a valid social security number is required by February 1 the year of admission into the program. \_\_\_\_\_

Have you ever been involuntarily terminated from any healthcare facility?

Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered "Yes", complete the information below. Attach another piece of paper if necessary. The cause of termination will be reviewed to determine if the individual would not be eligible to work in a healthcare facility. If it is determined that the individual is not eligible to work in a healthcare facility due to the cause of termination, it will not be possible for the individual to complete the clinical portion of the program and the application process will be terminated. All decisions are handled on a case-by-case basis.

If yes, explain the circumstances and reason for your involuntary termination on next page.

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[Except for minor violations of traffic laws resulting in fines, or arrests/convictions that have been expunged by a court] Have you ever been convicted of, pled guilty, or *nolo contendere* to any offense, misdemeanor, or felony in any state?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain the charges/convictions/program. Students who are conditionally admitted must pass a criminal background check.

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*PLEASE BE AWARE* - Students who are offered a position in the professional phase of the program are admitted on a *conditional basis*. This means that the minimum requirements that were necessary to *apply* to the professional phase of the program must be maintained in order to *keep* the offered spot in the program. If, at any time after being offered a position in the program, a student's overall GPA falls below a 2.50 or if they receive less than a "C" in a math or science course (students cannot receive a C-), their offer of admission will be withdrawn immediately, and the spot in the program will be lost. In addition, all general coursework must be completed by August 1<sup>st</sup> to be eligible for the professional phase of the program.

#### HEALTH AND PHYSICAL REQUIREMENTS

All applicants for admissions to the Ball State University Allied Health Science programs must be in good health. The demands of these professions are such that the applicants must have sufficient strength, motor coordination, and manual dexterity as well as mental and intellectual capacity to handle the necessary requirements of these positions.

If an applicant meets the criteria described above and is *offered* a position into one of the *allied* health programs, the applicant will be required to certify that they can meet the program criteria or if they can meet the criteria but need accommodations. If reasonable accommodations cannot be made, the applicant's status in the program will be reconsidered. Applicants who accept a position in the program will be required to provide proof of mandatory immunizations prior to beginning the clinical portion of the program.

APPLICANT'S STATEMENT: *"To the best of my knowledge, the information on this form is both accurate and complete."*

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Applicant's Signature

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Date

Please attach to this completed application a copy of your current *DegreeWorks* report showing Fall 2021 grades and spring 2022 registration, a current official BSU transcript, official transcripts from any other colleges or universities you have attended and documentation of completed clinical observation hours (optional).

Applications must be submitted by 5:00 p.m. on January 10, (or the next business day if January 10 falls on a holiday or weekend) to:

Dr. Alyce Fly  
Department of Nutrition and Health Science HPB 530  
1615 W, Riverside Avenue  
Ball State University Muncie, IN 47306

Rev.11/19/21