

2025 APPLICATION FOR ADMISSION

IDAHO STATE UNIVERSITY Radiographic Science Program

The American Registry of Radiologic Technologists (ARRT) may prohibit you from taking the certification examination if you have been convicted of a felony or misdemeanor. You must contact the ARRT to establish your eligibility. This ethics review must be completed by the ARRT by June 30th or your seat in the program will be forfeited. (ARRT, 1255 Northland Drive, St. Paul, MN 55120-1155, Phone: (651) 687-0048, or <http://www.arrt.org>)

Have you ever (for ANY reason) been convicted of a felony or misdemeanor? Yes No

1. NAME _____ Date of Birth _____ Bengal ID # _____

2. PERMANENT ADDRESS _____
Street City State Zip Phone #

3. LOCAL ADDRESS _____
Street City State Zip Phone #

4. ISU EMAIL _____@isu.edu ALTERNATE EMAIL _____

5. Are you an Idaho Resident? Yes No

6. Where do you plan to reside next fall semester? Blackfoot Idaho Falls Pocatello Rexburg
Other _____

7. Who to notify in case of an emergency:

Name _____ Relationship _____

Address _____

Phone _____

8. For statistical purposes, the Radiographic Science Program would appreciate the following information. **This information is optional.**

Origin

White

Black

Hispanic

Native American Indian

Asian/Pacific Islander

Other _____

Prefer not to answer

Sex M F Other _____

Pronouns _____

Marital Status _____

9. Educational Background

Current Student Status - Check all appropriate spaces below:

Currently enrolled at Idaho State University.

Currently enrolled at another college or university.

10. Previous degree: yes no Degree awarded: _____

11. Please have your **OFFICIAL ISU TRANSCRIPT, OFFICIAL HIGH SCHOOL TRANSCRIPT IF CLAIMING ADVANCED PLACEMENT OR DUAL ENROLLED CREDITS, AND ALL OTHER OFFICIAL COLLEGE TRANSCRIPTS** sent to the Radiographic Science Program directly (**NOT THE ISU REGISTRAR**).

Electronic copies of transcripts may be sent from a university's Registrar office directly to alyssaholt@isu.edu. No electronic copies of transcripts submitted by applicants will be accepted. **Electronic submission is preferred.** Mailed copies of transcripts can be sent to:

Idaho State University
Radiographic Science Program
921 S 8th Ave Stop 8002
Pocatello, ID 83209-8002

List **ALL** colleges/universities transcripts that will be sent to the Radiographic Science office for review with your application: _____

12. Please indicate the following information about the courses you have taken and specify the courses for Objectives 4, 6, & 9:

<u>Pre-professional Courses</u>	<u>Grade</u>	<u>Credits</u>	<u>Date (to be) Completed</u>	<u>College or University Where Completed</u>
Obj. 1 ENGL 1101	_____	_____	_____	_____
Obj. 1 ENGL 1102	_____	_____	_____	_____
Obj. 2 Principles of Speech	_____	_____	_____	_____
Obj. 3 Intro to Statistics	_____	_____	_____	_____
Objective 4: _____	_____	_____	_____	_____
Objective 4: _____	_____	_____	_____	_____
Obj. 5 Biology 1101	_____	_____	_____	_____
Obj. 5 Essentials of Physics	_____	_____	_____	_____
Obj. 5 Intro to General Chemistry	_____	_____	_____	_____
Objective 6: _____	_____	_____	_____	_____
Objective 6: _____	_____	_____	_____	_____
Obj. 7-8 Digital Information Literacy	_____	_____	_____	_____
Objective 9: _____	_____	_____	_____	_____
Intro to Radiographic Science	_____	_____	_____	_____
Medical Terminology	_____	_____	_____	_____
College Algebra	_____	_____	_____	_____
Anatomy and Physiology I	_____	_____	_____	_____
Anatomy and Physiology I Lab	_____	_____	_____	_____
Anatomy and Physiology II	_____	_____	_____	_____
Anatomy and Physiology II Lab	_____	_____	_____	_____
Principles of Accounting	_____	_____	_____	_____
Individual & Organizational Behavior	_____	_____	_____	_____
Health Care Law	_____	_____	_____	_____
Human Resource Management	_____	_____	_____	_____

* If more than 4 classes are missing, **DO NOT APPLY** until the following year.

13. Have you applied before? Yes No If so, when? _____

14. I swear that the preceding information is true and correct. You have my permission to verify any of the information I have provided.

Signed _____

Date _____

Please return application before May 15th* to:

Idaho State University
Radiographic Science Program
921 S 8th Ave Stop 8002
Pocatello, ID 83209-8002

* Completed applications, transcripts and/or application fees not postmarked by May 15 WILL NOT BE CONSIDERED.

Student selections are made each spring with limited enrollment. Courses for the professional program begin in the fall semester.

Clinical Assignments

Assignment to affiliated hospital radiology departments for clinical education is done by Radiographic Science Faculty. **You may be assigned to any facility that is affiliated with the Radiographic Science Program.**

Yes No **Have you ever or are you currently employed at Eastern Idaho Regional Medical Center, Portneuf Medical Center, Madison Memorial Hospital, Idaho Falls Community Hospital, Mountain View Hospital (or affiliates), Bingham Memorial Hospital, Franklin County Medical Center, Power County Hospital, Redfield Memorial Hospital, or Just4Kids (Facilities affiliated with Radiographic Science Program)**

If yes, please indicate which facility and dates of employment _____

Yes No **Are you related to any Medical Imaging employee at Eastern Idaho Regional Medical Center, Portneuf Medical Center, Madison Memorial Hospital, Idaho Falls Community Hospital, Mountain View Hospital, Bingham Memorial Hospital, Franklin County Medical Center, Power County Hospital, Redfield Memorial Hospital, or Just4Kids (Facilities affiliated with Radiographic Science Program)**

If yes, please indicate whom, your relation to them, and where _____

Permission to use Pictures for Social Media and Publications

Yes No **If accepted into the Radiographic Science Program I hereby give permission to publish images of myself.**

Background Checks

Students must pass a criminal history background check and drug screening prior to clinical attendance. Acceptance to the ISU Radiographic Science Program is conditional upon passing.

Application Fee

An application fee of one hundred dollars (\$100.00) is required for your application to be considered complete. The application fee is nonrefundable. Cash will not be accepted. Please have your check or money order made payable to: ISU Radiographic Science Program. Alternatively, you can pay online at <http://www.isu.edu/medicalimaging/apply>. Please include a receipt with you application if you pay online.

Interview

The top 30 ranked applicants will be contacted by email and an interview will be scheduled. Interviews will be conducted on Friday, May 30, 2025. **PLEASE NOTE: this is an in-person interview.** Please schedule accordingly. **Applicants who are late or miss the interview may be removed from consideration in the applicant pool.**

Checklist

A finalized application will consist of the following items:

- Completed Application for Admission form
- \$100 application fee
- All transcripts (including ISU) with courses listed on the application sent to the Radiographic Science Office

If all items are not postmarked or received by the Radiographic Science Office by May 15th, the application is not considered finalized and may be removed from consideration in the applicant pool.