ARKANSAS STATE UNIVERSITY
COLLEGE OF NURSING AND HEALTH PROFESSIONS

Limited X-Ray Machine Operator Program

APPLICATION FOR ADMISSION

Thank you for your interest in A-State's Limited X-ray Machine Operator (LXMO) program. Please be sure that you have completed every step below, and that you have enclosed all documents before submitting your application. Students applying to the LXMO program must also apply for admission to Arkansas State University. Contact the office of admissions and records, P. O. Box 1630, State University (Jonesboro), AR 72467 or by phone (870) 972-3024. All applicants must be 18 years of age or older by August 1, 2023. **Please note: You may only apply to the program a total of 3 times**.

o 1. Apply for admission to Arkansas State University (Jonesboro Campus)
o 2. Print or request transcript(s) from each institution attended since high school. You must include transcripts from all
   colleges, universities, schools, or other institutions attended including A-State Jonesboro and other A-State
campuses. Do not send transcripts separately to the department. Unofficial transcripts are accepted.
   Pre-Requisites: Medical Terminology
   Preferred: Human Anatomy and Physiology I + Lab
o 3. Complete & sign the application.
o 4. Submit as one packet: the application, all transcripts, letter of recommendation, statement of purpose, &
   shadowing form.

DEADLINE FOR APPLICATIONS:

Application is for admission to the professional program beginning in the Fall semester. Application material must be sent *electronically to jmcooper@astate.edu by 5:00 p.m. May 31st*. NO Paper applications will be accepted.

Applications are reviewed after the application deadline and are not reviewed on a first come, first served basis. After applications are received, top applicants are determined by current career (extra points for those already working in a health profession), GPA, and statement of purpose. Candidates with the highest-ranking total scores will be invited to join the program. Class size is 20 students.

Applications must include a statement of purpose. This is a short statement introducing yourself, interests, and motivations for pursuing this degree. Summarize previous degrees/careers and your intentions completing this program. Explain how this program will advance your career. Include any experience in the health professions and what you know about radiologic sciences (especially, limited scope of practice radiography). This statement should not exceed 1 page.

Applications must include a letter of recommendation. This letter should be from a current employer if this certificate will advance current employment. If this certificate will not advance current employment, please submit a letter of recommendation from an advisor and/or faculty member that knows your work ethic and drive for this profession.

Name:_____
          Last   First   Middle
A-State ID #:_____Phone Number: (_____)_____

Email Address (A-State smail preferred):_____

Address:_____

_____
          City   State   Zip

If your name, address or phone number changes during your enrollment, please notify the Department of Medical Imaging & Radiologic Sciences at (870) 972-3073 of these changes.

Were you born in a foreign country? Yes _____ No _____   If "Yes," what country? _____

Foreign born applicants MUST submit test scores of English proficiency with the application.

English proficiency documentation includes one of the following:
• Test of English as a Foreign Language (TOEFL) with a score of 83 on the preferred internet-based test (iBT), 570 on the
   paper-based test, or 213 on the computer-based test.
• International English Language Testing System (IELTS) with a score of at least 6.5 and a spoken band score of 7.
• Pearson Test of English Academic (PTE) with a score of 56.

For applicants who are proficient in the Spanish language:
Actualmente en la región que sirve ASU, se necesitan profesionales de la salud que hablen español. Por favor, indique aquí si usted tiene esta habilidad. Se da crédito adicional a los candidatos que puedan demostrar esta competencia.

Spanish proficiency documents include one of the following:

   • Praxis II – Spanish: World Language (mínimum score 168)
   • ACTFL-OPI (Oral Proficiency Interview) (mínimum score "Advanced Low")

APPLICATION PACKET *Only complete packets will be accepted.*

Please submit application packet **ELECTRONICALLY** by using the directions below:

Once you have completed your application, use the application check sheet to assure you have everything you need to submit a complete application packet. Then scan your application packet and save it as (YOUR LAST NAME_CURRENT YEAR.pdf) e.g. Smith_2023.pdf.
Applications will only be accepted if they are complete and submitted electronically in a .pdf format to jmcooper@astate.edu by 5:00 p.m. May 31st. Subject line should read "LXMO application (YOUR LAST NAME_CURRENT YEAR)" e.g. LXMO application Smith_2023.
NO Paper applications will be accepted.

Application packets consist of:

1. Application Checklist
2. Application form
3. College/University transcript(s) of all college work. (Unofficial transcripts are accepted)
4. Current proof of employment/licensure of health profession (if applicable)
5. Letter of Recommendation
6. Statement of Purpose
7. Shadowing Proof Form (if applicable)
8. English proficiency (if applicable)
9. Spanish proficiency (if applicable)

I hereby affirm that all information supplied on this application is complete and accurate. It is my understanding that I will not be considered for admission to this program until I have submitted all requirements specified above.

_____   _____
   Date   Signature

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Application Checklist

Name _____

A-State Student ID Number _____

Email Address (A-State if applicable) _____

Cell Phone Number _____

Include this CHECKLIST with your ELECTRONIC Application Packet.

Indicate that you have included the following information with a checkmark (√)

For Office Use ONLY

☐ Checklist

☐ Application

☐ Transcripts

☐ Proof of employment/licensure (if applicable)

☐ Letter of Recommendation & Statement of purpose

☐ Shadowing proof form (if applicable)

☐ English/Spanish Proficiency (if applicable)

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Radiology Shadowing Form

Name _____

A-State Student ID Number _____

_____ completed a shadowing experience in the Radiology

Department at _____ on _____.

_____   _____
Staff Signature/Position   **Date**

_____   _____
Email Address   **Phone Number**

Additional Comments:

_____

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