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 January 1, 2025. **Please note: You may only apply to the program a total of 2 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.
o 3. Complete & sign the application.
o 4. Submit as one packet: the application, all transcripts, 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. After applications are received, top applicants are determined by GPA, shadowing experience, and statement of purpose. Candidates with the highest-ranking total scores will be invited to join the program. Maximum class size is 20 students.

Applications must include a statement of purpose. This is a 1-page essay introducing yourself, interests, and motivations for pursuing this degree. Summarize previous degrees, work, and volunteer experience. List the facility/facilities you shadowed and describe your shadowing experience and future career goals.

Students accepted into the LXMO program will be expected to travel to assigned clinical affiliates and will be responsible for transportation and all expenses related to travel.

Name:_____
      Last   *First*   *Middle*

A-State ID #:_____ Phone Number: (_____)_____

Email Address (A-State email only): _____ @smail.astate.edu

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 one PDF document as (YOUR LAST NAME_CURRENT YEAR.pdf) e.g. Smith_2025.pdf. (ALL forms must be in one PDF document) 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_2025.

Incomplete applications will NOT be reviewed or accepted. It is the student's responsibility to ensure all requirements are met and attached.

NO Paper applications will be accepted.

Application packets consist of 1 PDF document containing:
1. Application form
2. College/University transcript(s) of all college work. (Unofficial transcripts are accepted)
3. Statement of Purpose
4. English proficiency (if applicable)
5. 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 unless I have submitted all requirements specified above by the deadline.

_____   _____
Date   Signature

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Radiology Shadowing Form

Student Name _____

A-State Student ID Number _____

_____ completed a shadowing experience in the Radiology
_____(student name)_____

Department at _____ on _____.
_____(facility name)_____ _____(shadowing date)

Student shadowed X-Ray for _____ hours. *Tech shadowed:* _____

Student shadowed MRI for _____ hours. *Tech shadowed:* _____

_____   _____
Staff Signature/Position   **Date**

_____   _____
Email Address   **Phone Number**

Additional Comments (student engagement, professionalism, punctuality, etc.):

_____

_____

_____

_____

**Technologists: Please e-mail form to jmcooper@astate.edu
You may take a picture or scan this form to e-mail to Jessica Cooper, Special Programs Coordinator.
Thank you for your support of A-State Radiology programs and students.