

Programs beginning in Spring, Summer II, & Fall 2023

GENERAL APPLICATION INSTRUCTIONS: If not using the electronic form, hard copies should be submitted as single sided, unfolded, unstapled documents. Office hours are limited due to COVID-19, so review of these applications will take longer. Your legal name and Indiana University ID must be on every page. For assistance with this application, email <a href="mailto:askhpp@iupui.edu">askhpp@iupui.edu</a> or Joanna Plew at <a href="mailto:jplew@iu.edu">jplew@iu.edu</a> well in advance of the program deadline.

STEP 1: UNIVERSITY ADMISSIONS STATUS (IUPUI CAMPUS)- Students seeking admission to any Health Professions Programs must complete an application for enrollment on the IUPUI campus or be currently enrolled at IUPUI as a degree seeking student. Actively enrolled degree-seeking students on the IUPUI campus do not need to reapply to IUPUI. If you last attended IUPUI more than one year ago (by the time the program starts) or were only a non-degree seeking application, please contact IUPUI Undergraduate Admissions at (317) 274-4591 or <a href="mailto:enroll@iupui.edu">enroll@iupui.edu</a>. If submitting the <a href="mailto:IUPUI">IUPUI</a> application, pay close a terroll program to enroll before the program starts. listed below unless you are planning to enroll before the program starts.

STEP 2: PROGRAM SELECTION- Check the appropriate box to select your program of choice. If applying to a program with two start dates, please check the date you intend to start. If applying to more than one program, a **SEPARATE** application packet must be submitted for each program. Each application must be complete and submitted by the program's deadline as shown below.

DEGREES	DEADLINE	TERM OF ENTRY					
□*Paramedic Science, AS	October 1, 2022 or February 1, 2023	□Spring 2023 □Fall2023					
□Radiography, AS	November 15, 2022	Summer II 2023					
☐Medical Laboratory Science, BS Indianapolis -OR- Evansville	December 1, 2022	Fall 2023					
□Cytotechnology, BS	December 1, 2022	Fall 2023					
□**Medical Imaging Technology, BS (Clinical track)	November 15, 2022	Summer II 2023 (Ultrasound track) Fall 2023 (Other clinical tracks)					
□**Medical Imaging Technology, BS (Non-clinical track)	December 4, 2022 (SP23), April 23, 2023 (SU23), or June 1, 2023 (FA23)	□Spring 2023 □Summer 2023 □Fall 2023					
□Nuclear Medicine Technology, BS	November 15, 2022	Summer II 2023					
☐ Radiation Therapy, BS	December 1, 2022	Summer II 2023					
☐Respiratory Therapy, BS	January 10, 2023	Fall 2023					
□Respiratory Therapy, BS (Advanced Standing)	Rolling Admission	□Fall 2023 □ Spring 2024					
□Ophthalmic Technician, Certificate	May 1, 2023	Fall 2023					
*Requires current EMT-B Certification **Req Radiation Therapist, or Sonographer), NMT	uires current certification from ARRT (Radi	ography, Nuclear Medicine Technologist,					
certification from NBRC as Registered Respir	atory Therapist (RRT)	Dins (sollographer) Requires current					
STEP 3: PREVIOUS APPLICANT- If it has	been one year or longer since you applied	to IUPUI/HPP, and you have not been					
attending classes at IUPUI, please contact	IUPUI Undergraduate Admissions at (3)	17) 274-4591 or enroll@iupui.edu. Pav					
close attention to your term of entry to the <u>IUPUI</u> campus as it must match the program's term of entry (listed on previous table) unless you plan to enroll before the program starts. Submit updated transcripts since you last applied.							
Have you previously applied to this same program? YES NO Year AppliedPlease check one:							
1 reast check one.							
7 127							
Legal Name:	egal Name: Luiversity ID: Luiversity						

□Currently enrolled at IUPUI as a degree-seeking student								
Currently enrolle	d at another IU campus							
□Enrolled at IUPUI reapplying to IUPUI	over a year ago (or it w	rill be longer than a year	upon program start da	te) and i	n the pr	ocess of		
□Currently enrolled	at a non-IU school							
STEP 4: GENERAL INFO	ORMATION							
Previous Legal Names on	n Transcripts (If Applical	ole):						
Name:								
Date of Birth:/		Cell Ph	one Number: ( )					
IU E-Mail Address:								
Non-IU E-Mail Address:								
Current Address:								
CHIW		STATE		ZID COI	NE.			
CITY	_BACKGROUND- List <u>al</u>	~	1 1 1 1 1 1 1	ZIP COI		1 . 1		
university, or other instite enrolled in high school. A even if the courses tak transcript(s) are accepted	applying, please supply ution attended (except Ir Applications will not be feen are not considered d. The program's admiss lay the review of the appl	ndiana University). This i orwarded until all transc prerequisites. Photocop sions committee reserves	ncludes any college level rints are received. Trans	l courses cripts m	complet ist be su	ed while		
EDUCATIONAL INSTITUTION	TERM OF ENTRANCE	TERM OF DEPATURE	DEGREE RECEIVED?		ANSCRI ITACHE			
<b>High School</b> submission cless than 12 college credit ho	of high school transcript is only urs	required for Radiography, AS	applicants if applicant has	YES	NO	N/A		
Previous Institution(s	) & Current Institutions	<b>s</b> (s)		YES	NO	N/A		
STEP 6: GENERAL EDUCATION CORE AND COMPLETION PLAN- Students who are applying for any baccalaureate degree programs are required to meet the IUPUI General Education (GE) Core. Students at other IU campuses or other state supported institutions in Indiana must meet that campus' general education core requirement and must also meet their program's fundamental core requirements. If you transfer to IUPUI before the GE Core is completed at your prior institution, you must complete the requirements on the IUPUI campus.  Completion of the Indiana Statewide Transferable GE Core can be met in various ways.  Please check the box that applies to your circumstance:  I have previously completed a baccalaureate degree within the United States								
Legal Name:								

I have already completed the above GE Core and it is n campus or other state-supported institutions in Indiana)	noted on my transcript (This only applies to students at any IU						
$\_\Box$ I am in the process of completing the GE Core. (If complety your plan for completion.)	eting the GE Core at IUPUI, please indicate in the chart below						
$\_\Box I$ am applying to an associate/certificate degree program.	(GE Core is not required)						
IUPUI General Education For more information about IUPUI GE Core visit <u>here</u>	IUPUI General Education Core – 30 credit hours For more information about IUPUI GE Core visit <u>here</u> . To see approved options for each program, visit <u>here</u> .						
DEPARTMENT/COURSE	TERM COMPLETED GRADE						
Core Communication- 2 courses, 6.0 credit hours							
Analytical Reasoning- 2 courses, 6.0 credit hours							
Cultural Understanding- 1 course, 3.0 credit hours							
Life & Physical Science- 2 courses, 6.0 credit hours							
Arts/Humanities & Social Science- 3 courses, 9.0 credit hours At least 1 course in Arts/Humanities and 1 course in Social Science	e						
Note: If you are currently in the course or plan to take it, mark the g Please refer to this chart below to determine when prerequisit detailed course completion requirements or contact Joanna P	te courses must be finished. Please refer to degree maps for						
Legal Name:	IU University ID:						

PROGRAM	PREREQUISITE COMPLETION DEADLINE	PROGRAM START DATE		
Paramedic Science, AS	By program start date	January (spring entry) or August (fall entry)		
Radiography, AS	End of Spring 2023 Term	June 2023		
Medical Laboratory Science, BS	July 1, 2023	August 2023		
Cytotechnology, BS	By program start date	August 2023		
Medical Imaging Technology, BS	End of Spring 2023 Term	June or August (depending on track) 2023		
Nuclear Medicine Technology, BS	End of Spring 2023 Term	June 2023		
Radiation Therapy, BS	By program start date	June 2023		
Respiratory Therapy, BS	August 1, 2023	August 2023		

<u>Completion Plan –</u> In addition to the GE Core, each program has requirements that must be met. Please indicate below how you plan to finish all remaining courses (GE Core and additional Program Requirements) needed for admission into your intended program.

General Education Core and Program Requirement Completion Plan						
Term	Course Number and Title	Cr Hrs	Institution Attending			
Fall Semester 2022						
_0						
Spring Semester 2023						
2020						

Legal Name:

 $\rfloor$  IU University ID:  $\lfloor$ 

Ses	mmer ssion I 023					
	mmer sion II					
	023*					
*This	is only applicab	le to Cytotechnology and Paramedic Science applicants.	<b>-</b>	<u> </u>		
		PLEASE READ STEP 7 VERY CA	AREFULI	<u>X</u>		
The t	ise of one or m	ore of HPP's admission policies may have a direct imp	oact on you	ır ability to gai	n admissio	n.
Befor believ <u>askh</u> r	re submitting y ve they may ap op@iupui.edu	your application, it is recommended that you discuss the pply to your prior academic history. Contact the HPP A for more information.	ne options .dministra	below with out tive Office at (3	r academic 317) 278-47	advisor if you 752 or
Requ	ests for Acade	mic Bankruptcy and Fresh Start must be submitted at	the time o	f program app	lication.	
(Acad more <b>Tech</b>	lemic Bankrup of these polic nology app	ON POLICIES— Use of any of the IU School of Medicine of the Start, or Repeated Courses) as described be ies may increase your chance of being admitted to you licants may not utilize Academic Bankrupt ces courses.	low are on	tional. As indic	cated above	a using one or
	F	or more information about Academic Bankruptcy, Fre Please visit the School of Medicine's HPP Section of	sh Start, a the <u>IUPU</u>	nd Repeated Co Campus Bulle	ourses. tin.	
<b>Acac</b> appli	lemic Bankr cation.	<b>ruptcy</b> – If using this policy, please attach the <u>HPP</u>	Request	for Academic	<u>Bankruptcy</u>	y form to the
I am	requesting Aca	ademic Bankruptcy as part of my application: $\_\Box\_\_$ Y	ES _□_	_ NO		
Fres	<b>h Start</b> – If u	sing this policy, please attach the <u>HPP Request for Fre</u>	sh Start fo	rm to the appl	ication.	
I am	requesting Fre	esh Start as part of my application: $\square$ _YES _ $\square$ _	NO			
Repo	eated Course our current coll	es- If using this policy, please fill out the table below beloge or university on your official transcript, as well as	with any co courses in	ourses that hav progress for tl	re <u>already</u> l ne <b>current</b>	been replaced t <b>erm.</b>
I hav	e repeated cou	rses on my academic transcripts: YES N	10			
I hav	e repeated cou	urses from Spring 2020 on my academic transcript:	YES_	.□ NO		
Com	olete the follow	ving chart if Repeated Courses applies to you.				
	C	OURSE NUMBER AND TITLE INST	TITUTION .	ATTENDED	CR HRS	GRADE RECEIVED
1	1st attempt					
1	2 <sup>nd</sup> attempt					
2	1st attempt					
_	2 <sup>nd</sup> attempt					
3	1st attempt					

Legal Name: \_

\_ IU University ID: \_

	2 <sup>nd</sup> attempt			
4	1st attempt			
4	2 <sup>nd</sup> attempt			
5	1 <sup>st</sup> attempt			
	2 <sup>nd</sup> attempt			

STEP 8: PROGRAM SPECIFIC REQUIREMENTS— Many of the Health Professions Programs require the submission of an additional item(s) as part of the completed application packet. This item(s) must be included for the application packet to be considered as complete by the program's application deadline. Failure to submit item(s) at the time of application will render the application incomplete. Incomplete applications will not be reviewed by the program until all materials are submitted.

- **Medical Laboratory Science** NO additional items required at this time.
- **Cytotechnology** NO additional items required at this time.
- **Medical Imaging Technology (clinical track)** Complete a <u>Medical Imaging Technology Clinical Preference Form</u> and submit with application. Submit copy of ARRT credential. This does not apply if you are currently enrolled in a Radiography program.
- **Medical Imaging Technology (non-clinical track)** Submit copy of ARRT credential. This does not apply if you are currently enrolled in a Radiography program.
- **Nuclear Medicine Technology** Complete a <u>Pre-Interview questionnaire</u> and submit with application.
- **Paramedic Science** Submit a copy of your state or national EMT certification and a copy of your state-issued driver's license with application. If you will complete coursework leading to the EMT-B credential during the 2022-2023 academic year, include this as part of the "General Education Core and Program Requirement Completion Plan" under Step 6.
- Radiography Complete a <u>Pre-Interview questionnaire</u>. Submit with application.
- Radiation Therapy— Two observations are required. Suggested sites can be found here. Please fill out the Radiation Oncology Observation form during each of your observations. These observation hours must be completed in a minimum of two different Clinical Observation Sites.
- **Respiratory Therapy** Observations(s) preferred, but not required. Suggested sites can be found <u>here</u>. Submit any <u>observation forms</u> with application.
- **Respiratory Therapy Advanced Standing** Submit copy of RRT Certificate, proof of state license, and verification of one year of employment in Respiratory Care with application.

## STEP 9: ADDITIONAL REQUIREMENTS & DISCLOSURE

Social Security Number- ALL students must have a social security number (SSN) by February 1, 2023. This allows for a complete background check that is required upon offer of admission and may be needed for licensure. Students in the process of obtaining a new SSN must submit proof of receipt to the HPP office by February 1, 2023. Helpful information on the process can be found <a href="here">here</a>.

TIf you replied "	NO I have a Social Security Number (SSN). "No" to the question above, please respond to the following question.
By ad	NO I have begun the process of obtaining a Social Security Number (SSN).  Idding my initials, I understand that all admitted students must have a Social Security Number (SSN) no later February 1, 2023.
By ad prior	<u>equirements-</u> All applicants must read the New Student Compliance Requirements found <u>here</u> .  Iding my initials, I understand that all admitted students must meet all new student compliance requirements to starting the program as well as returning student requirements for programs that are two years in length. her understand that I should not start this process until after receiving an offer of admission.
Legal Name:	IU University ID:

By adding my initials, I understand that failure to meet any of these requirements can lead to my offer of admission being rescinded, a delay in my clinical training, or inability to finish the program.
By adding my initials, I understand healthcare institutions that host clinical rotations of students from Indiana University may use different criteria for granting COVID-19 exemptions than Indiana University. IU cannot guarantee placement of students in the clinical setting if the host healthcare system vaccination requirements are not met which may result in delayed graduation or inability to complete the program.
<b>DISCLOSURE</b> – Applicants are required to disclose any convictions, charges, and/or probation/diversion at the time of application. The requirement for applicants to disclose continues throughout the application process, matriculation into a Health Professions Programs, and until graduation. This includes all past criminal history even if the charge(s) have been dismissed. If this applies to you, you must email your disclosure letter to Joanna Plew at <a href="mailto:jplew@iu.edu">jplew@iu.edu</a> separately from your application. Questions about this requirement should be directed to Joanna Plew. The circumstances will be discussed confidentially with the program director to ensure that the previous criminal history will not cause difficulty in obtaining licensure or certification in their intended profession upon graduate or cause difficulties in completing degree requirements due to restrictions placed on entering students by the school's clinical partners. Failure to disclose may result in the withdrawal of an acceptance offer, or in the case of a matriculated student, administratively withdrawal from the school. Once admitted, all students must submit to a full criminal background check as well as comply with other entry requirements.
By adding my initials, I understand that all entering students must disclose any prior criminal history at the time of application, throughout the application and matriculation process, and until graduation from a Health Professions program.
YESNO Has your employment at any healthcare facility ever been involuntarily terminated for disciplinary reasons?
YESNO Have you been dismissed from any Health Professions program?
*If you replied yes to either, please submit a full explanation in a separate email to Joanna Plew at <a href="mailto:jplew@iu.edu">jplew@iu.edu</a> . (This is a separate issue from disclosing convictions, charges, and/or probation/diversion.)
<u>STEP 10: FINAL REVIEW-</u> Please review these steps to verify that your application is complete.  _  _  _  _  _  _  _  _  _  _  _  _  _
_□Complete one application for each program to which you are applying.
$\_\Box$ Review possible grade forgiveness policies.
$\_\Box$ Include disclosure if applicable.
_□Include program specific requirements if applicable.
$\_\Box$ Review the application for any errors and legibility. Make sure your legal name and IU University ID are on each page.
_□Sign page 8 of the application.
_□Submit the application and all materials instructed.
<u>STEP 11: SUBMISSION-</u> Confirm that your name and IU University ID are on all pages. Retain a copy of this application for your records. Incomplete applications will not be reviewed until all required documents are submitted. If these items are submitted after the program's deadline, the application will be considered late, which may affect the program's decision for admission. Complete applications and all additional documents may be submitted the following ways:
<ul> <li>Email .pdf documents to <u>askhpp@iupui.edu</u>. Please utilize a scanner rather than submitting photos.</li> <li>Mail to the address below in a document mailer. It must be postmarked no later than the program's deadline.</li> <li>Deliver to the address below. Please be advised the HPP office will be closed the period between Christmas &amp; New Year's Day.</li> <li>Late applications may be accepted at the discretion of the admissions committee per program.</li> </ul>
Legal Name: IU University ID:

## HEALTH PROFESSIONS PROGRAMS ATTN: ADMISSIONS 635 BARNHILL DR, MS 203 INDIANAPOLIS, IN 46202

askhpp@iupui.edu
317-278-4752
Office Hours: Monday's & Tuesday's from 8:00am-3:00pm.
Appointment only- please contact Joanna Plew (jplew@iu.edu) to schedule an appointment.

I, the undersigned, do hereby and correct to the best of my k instructions may jeopardize m	attest that my application t nowledge. I have read all o y application.	to the above prog f the application	ram, for entry into t instructions and rea	the program year 2023, is true lize that failure to follow these
			Date: _	
By signing, I understand that an e			l can be enforced the s	ame way as a written signature.
			Г	
Legal Name:			IU University ID:	