

Application

Programs beginning in Spring, Summer II, & Fall 2024

GENERAL APPLICATION INSTRUCTIONS: If not using the electronic form, hard copies should be submitted as single sided, unfolded, unstapled documents. Office hours are limited, 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 askhpp@iu.edu or Joanna Plew at iplew@iu.edu 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 enroll@iupui.edu. If submitting the IUPUI application, pay close attention to your term of entry to the IUPUI campus. This must match the program's term of entry 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.

	DEADLINE	TERM OF ENTRY	
*Paramedic Science, AS	October 1, 2023 or February 1, 2024	□Spring 2024 □ Fall20	
Radiography, AS	November 15, 2023	Summer II 2024	
Medical Laboratory Science, BS Indianapolis -OR- Evansville	December 1, 2023	Fall 2024	
Cytotechnology, BS	December 1, 2023	Fall 2024	
**Medical Imaging Technology, BS (Clinical track)	November 15, 2023	Fall 2024 (Other clinical tracks)	
Diagnostic Medical Sonography □Sonography □Echocardiography	November 15, 2023	Summer II 2024	
**Medical Imaging Technology, BS (Non-clinical track)	December 4, 2023 (SP23), April 23, 2024 (SU24), or June 1, 2024 (FA24)	□Spring 2024 □ Summer 2 □Fall 2024	
Nuclear Medicine Technology, BS	November 15, 2023	Summer II 2024	
Radiation Therapy, BS	December 1, 2023	Summer II 2024	
Respiratory Therapy, BS	January 10, 2024	Fall 2024	
Respiratory Therapy, BS (Advanced Standing)	Rolling Admission	□Fall 2024 □Spring 2	
Ophthalmic Technician, Certificate	May 1, 2024	Fall 2024	

*Requires current EMT-B Certification **Requires current certification from ARRT (Radiography, Nuclear Medicine Technologist, Radiation Therapist, or Sonographer), NMTCB (Nuclear Medicine Technologist), or ARDMS (Sonographer) ***Requires current certification from NBRC as Registered Respiratory Therapist (RRT)

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 (317) 274-4591 or enroll@iupui.edu. Pay

Legal Name: _	IU University ID:	
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close attention to your to table) unless you plan to	erm of entry to the IUPU enroll before the progra	I campus as it must mat m starts. Submit update	ch the program's ter d transcripts since y	rm of entry (liste ou last applied.	d on previous
Have you previously app Please check one:	lied to this same prograr	n? YES NO	Year Applied		
Currently enrolle	ed at IUPUI as a degree-s	seeking student			
Currently enrolle	ed at another IU campus				
Enrolled at IUPU	UI over a year ago (or it	will be longer than a yea	ar upon program sta	art date) and in	the process of
11 0	ed at a non-IU school				
STEP 4: GENERAL INFO	ORMATION				
Previous Legal Names or	n Transcripts (If Applical	ole):			
Name:					
Date of Birth:/			none Number: ()	
IU E-Mail Address:					
Non-IU E-Mail Address:					
Current Address:					
CITY		STATE		ZIP CODE	
even if the courses tak transcript(s) are accepte of illegible copies will de	d. The program's admiss lay the review of the app	ions committee reserve		TRAN	NSCRIPT
INSTITUTION				A11.	'ACHED
less than 12 college credit ho	of high school transcript is only urs	required for Radiography, As	s applicants if applicant h	1AS YES	NO N/A
Previous Institution(s) & Current Institutions	s(s)		YES	NO N/A
STEP 6: GENERAL ED degree programs are rec state supported instituti their program's fundam- institution, you must con Completion of the Indian	quired to meet the IUPU ons in Indiana must me ental core requirements nplete the requirements	I General Education (Get that campus' general If you transfer to IUPU on the IUPUI campus.	Students who are ap E) Core. Students a education core req JI before the GE Co	oplying for any it other IU camp uirement and m ore is completed	baccalaureate buses or other just also meet at your prior
Legal Name:			IU University ID:		

Please check the box that applies to your circumstance:		
I have previously completed a baccalaureate degree within the United States	5	
I have already completed the above College Core and it is noted on my transci IU campus or other state-supported institutions in Indiana)	cript (This only applies to stud	ents at any
I am in the process of completing the College Core. (If completing the College Chart below your plan for completion.)	ege Core at IUPUI, please ind	icate in the
I am applying to an associate/certificate degree program. (GE Core is not rec	quired)	
IUPUI General Education Core – 30 credit hou For more information about IUPUI GE Core visit <u>here</u> . To see approved option	rs ons for each program, visit <u>here</u> .	
DEPARTMENT/COURSE	TERM COMPLETED OR PLANNED	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		
Note: If you are currently in the course or plan to take it, mark the grade as IP for "In Progr	ess".	
Please refer to this chart below to determine when prerequisite courses must be findetailed course completion requirements or contact Joanna Plew.	nished. Please refer to degree	maps for
	_	
Legal Name: IU Unive	ersity ID:	

PROGRAM	PREREQUISITE COMPLETION DEADLINE	PROGRAM START DATE
Ophthalmic Technician, CT	N/A	Fall 2024
Paramedic Science, AS	By program start date	January (spring entry) or August (fall entry)
Radiography, AS	End of Spring 2024 Term	June 2024
Medical Laboratory Science, BS	July 1, 2024	August 2024
Cytotechnology, BS	By program start date	August 2024
Diagnostic Medical Sonography	By program start date	June 2024
Medical Imaging Technology, BS	End of Spring 2024 Term	June or August (depending on track) 2023
Nuclear Medicine Technology, BS	End of Spring 2024 Term	June 2024
Radiation Therapy, BS	By program start date	June 2024
Respiratory Therapy, BS	August 1, 2024	August 2024

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

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Ci iiis	Institution Attending

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*This	is only app	plicab	le to Cytotechnology ar							
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The u	ise of one	or m	ore of HPP's admiss	on policies may h	ave a dire	ct impa	ct on you	r ability to ga	in admissio	1.
believ	ve thev ma	av ab	our application, it is ply to your prior aca more information.	recommended the demic history. Co	at you disc ntact the F	cuss the HPP Adı	options l ministrat	below with ou ive Office at (r academic 317) 278-47	advisor if you 752 or
Requ	ests for A	cade	mic Bankruptcy and	Fresh Start must l	be submitt	ted at th	e time of	f program app	olication.	
(Acad more Tech	demic Ban of these p nology	ıkrup polici app	N POLICIES— Use of otcy, Fresh Start, or Ries may increase you licants may not ces courses.	epeated Courses)	as describ	ed belo to vour	w are opt program	tional. As indi	cated above	, using one or cal Imaging
		F	or more information Please visit the Sch	about Academic I ool of Medicine's	Bankruptc HPP Secti	y, Fresh on of th	Start, ar e <u>IUPUI</u>	d Repeated C Campus Bull	Courses.	
Acad appli	lemic Ba	ankr	uptcy– If using thi	s policy, please a	attach the	HPP R	Request f	or Academic	Bankruptcy	form to the
I am	requesting	g Aca	ndemic Bankruptcy a	s part of my appli	cation:	YE	ES	_ NO		
Fres	h Start –	- If us	sing this policy, pleas	e attach the <u>HPP</u>	Request for	or Fresh	Start for	m to the app	lication.	
I am	requesting	g Fre	sh Start as part of m	y application:	YES		NO			
Repo	eated Co	urse it coll	es- If using this police ege or university on	y, please fill out t your official trans	he table be cript, as w	elow wit	th any co ourses in	urses that ha progress for t	ve <u>already</u> l he current	oeen replaced term.
I hav	e repeated	d cou	rses on my academic	transcripts:	YES	NO)			
I hav	e repeated	d cou	rses from Spring 202	0 on my academi	c transcrip	ot:	YES _	NO		
Comp	plete the f	follow	ing chart if Repeated	l Courses applies	to you.					
		C	OURSE NUMBER AI	ND TITLE		INSTI	TUTION	ATTENDED	CR HRS	GRADE RECEIVED
1	1st attem	npt								
1	2 nd atten	npt								
2	1 st attem	npt								
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Legal Name: _

	2 nd attempt		
3	1 st attempt		
3	2 nd attempt		
4	1 st attempt		
4	2 nd attempt		
5	1 st attempt		
3	2 nd 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</u> <u>Form</u> and submit with application. Submit copy of ARRT credential. This does not apply if you are currently enrolled in a Radiography program.
- **Diagnostic Medical Sonography** Complete a Clinical Experience Verification Form and submit with application.
- **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 Pre-Interview questionnaire. 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, 2024. 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, 2024. Helpful information on the process can be found here.

YES *If you replied "No"	NO I have a Social Security Number (SSN). to the question above, please respond to the following que	stion.			
YES	NO I have begun the process of obtaining a Soci	al Security Number (S	SSN).		
By adding my initials, I understand that all admitted students must have a Social Security Number (SSN) no later than February 1, 2024.					
Legal Name:		IU University ID:			

<u>Compliance Requirements-</u> All applicants must read the New Student Compliance Requirements found <u>here</u> .
By adding my initials, I understand that all admitted students must meet all new student compliance requirements prior to starting the program as well as returning student requirements for programs that are two years in length. I further understand that I should not start this process until after receiving an offer of admission.
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 and other vaccination 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.
DISCLOSURE – 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 jplew@iu.edu 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 jplew@iu.edu . (This is a separate issue from disclosing convictions, charges, and/or probation/diversion.)
STEP 10: FINAL REVIEW- Please review these steps to verify that your application is complete.
Apply to IUPUI and submit all transcripts.
Complete one application for each program to which you are applying.
Review possible grade forgiveness policies.
Include disclosure if applicable.
Include program specific requirements if applicable.
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:
• Email .pdf documents to <u>askhpp@iu.edu</u> . Please utilize a scanner rather than submitting photos.
Legal Name: IU University ID:

- Mail to the address below in a document mailer. It must be postmarked no later than the program's deadline.
- Deliver to the address below. Please be advised the HPP office will be closed the period between Christmas & New Year's Day.
- Late applications may be accepted at the discretion of the admissions committee per program.

HEALTH PROFESSIONS PROGRAMS ATTN: ADMISSIONS 635 BARNHILL DR, MS 203 INDIANAPOLIS, IN 46202 askhpp@iu.edu

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

I, the undersigned, do hereby attest that my application to the above program, for entry into the program year 2024, is true and correct to the best of my knowledge. I have read all of the application instructions and realize that failure to follow the instructions may jeopardize my application.							
	By signing, I understand that an electronic signature has the same legal effect and can be enforced the same way as a written signature						
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Legal Name:		∐ IU University ID: _					