

# **2026 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 30<sup>th</sup> 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: \_\_\_\_\_  
From where and when: \_\_\_\_\_

11. Will you be a student athlete during the program? ☐yes ☐no If yes, please explain: \_\_\_\_\_

12. Please have your **OFFICIAL ISU TRANSCRIPT, OFFICIAL HIGH SCHOOL TRANSCRIPT IF CLAIMING ADVANCED PLACEMENT OR DUAL ENROLLED CREDITS, AND ALL OTHER OFFICIAL COLLEGE TRANSCRIPTS (for all college level classes taken)** 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 [robmgardner@isu.edu](mailto:robmgardner@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 8<sup>th</sup> 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: \_\_\_\_\_

13. 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	_____	_____	_____	_____
Health Care Law	_____	_____	_____	_____
Track Option Course: _____	_____	_____	_____	_____
Track Option Course: _____	_____	_____	_____	_____
Track Option Course: _____	_____	_____	_____	_____

**\* DO NOT APPLY** until the following year if more than 4 classes are missing and/or your GPA in the prerequisites classes is not at least a 3.00.

14. Have you applied before? ☐Yes ☐No If so, when? \_\_\_\_\_

15. I attest 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 8<sup>th</sup> 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 the application to be considered complete. The application fee is nonrefundable. **Cash will not be accepted**. Please submit payment online at

[https://secure.touchnet.net/C20864\\_ustores/web/product\\_detail.jsp?PRODUCTID=1690&SINGLESTORE=true](https://secure.touchnet.net/C20864_ustores/web/product_detail.jsp?PRODUCTID=1690&SINGLESTORE=true)

or include a check or money order made payable to: ISU Radiographic Science Program.

### **Interview**

The top 30 ranked applicants will be contacted by email and an interview will be scheduled. Interviews will be conducted on Friday, May 29, 2026. **PLEASE NOTE: this is an in-person interview.** Please schedule accordingly. **Applicants who are late or miss the in-person interview will 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 of **ALL college credits earned** (including ISU) with courses listed on the application sent to the Radiographic Science Office (not the ISU Registrar's office)

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