

**Application deadlines: Fall – April 1<sup>st</sup> | Spring – November 15<sup>th</sup>**

*\*Specialty Imaging cohorts begin only in the Fall semester. All other students may start in any semester. Applications received after the deadline will be considered on a case by case basis.*

Legal Name \_\_\_\_\_

First Middle Last Credentials

Mailing Address \_\_\_\_\_

Street City State Zip Code

Home Phone (\_\_\_\_) \_\_\_\_\_ Mobile Phone (\_\_\_\_) \_\_\_\_\_

E-mail address: \_\_\_\_\_

### Section II: Please mark your current credentials

Imaging Credentials			
<input type="checkbox"/> No credentials	<input type="checkbox"/> ARRT Radiography	<input type="checkbox"/> ARRT CIT	<input type="checkbox"/> ARRT CT
<input type="checkbox"/> ARRT MRI	<input type="checkbox"/> ARRT Mammo	<input type="checkbox"/> ARRT NM	<input type="checkbox"/> ARRT VI
<input type="checkbox"/> ARRT CI	<input type="checkbox"/> ARRT Rad Therapy	<input type="checkbox"/> ARRT RRA	<input type="checkbox"/> ARRT QM
<input type="checkbox"/> ARRT Sonography	<input type="checkbox"/> ARRT Vasc Sono	<input type="checkbox"/> ARRT Breast Sono	<input type="checkbox"/> ARRT Bone Densitometry
<input type="checkbox"/> ARDMS	<input type="checkbox"/> ARDMS RVT	<input type="checkbox"/> ARDMS RDCS	
<input type="checkbox"/> Other – Please specify: _____			
Current Academic Degree(s)			
<input type="checkbox"/> No degree	<input type="checkbox"/> Certificate	<input type="checkbox"/> Associate's Degree	<input type="checkbox"/> Bachelor's Degree

### Section III: Indicate the specialty track for which you are applying (mark only one)

Imaging Specialties		
<input type="checkbox"/> Computed Tomography (CT)	<input type="checkbox"/> Diagnostic Medical Sonography (DMS)	<input type="checkbox"/> DMS-Echocardiography (ECH)
<input type="checkbox"/> Interventional Radiography (IR)	<input type="checkbox"/> Magnetic Resonance Imaging (MRI)	
Non-Imaging Specialty		
<input type="checkbox"/> Interprofessional Leadership (IPL)		
BSDI Completion Track		
<input type="checkbox"/> I am already credentialed in a specialty imaging modality and wish to enroll in the BSDI		

### Section IV: Academic Intent

1. Do you plan on completing the full BS in Diagnostic Imaging degree program?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undecided
2. Are you applying for one of the following specialty imaging tracks: Computed Tomography, Diagnostic Medical Sonography, Echocardiography, Interventional Radiography, or Magnetic Resonance Imaging?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, proceed to Section V. If no, proceed to section VII.

### Section V: Clinical Sites:

Applicants may request to use pre-arranged clinical sites in the CoxHealth system or other regional clinical affiliates. Clinical sites are subject to availability. Please indicate your preferred clinical site:

**CoxHealth Affiliates**

Includes all CoxHealth facilities and affiliates.

**Other**

Students requesting to complete clinicals outside of the CoxHealth system must complete the *Clinical Affiliate Request* available for download at [coxcollege.edu](http://coxcollege.edu). Diagnostic Medical Sonography track applicants should not complete this form.

**Section VI: Professional References:**

1. Name \_\_\_\_\_  

First	Middle	Last
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Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_  
Occupation \_\_\_\_\_ Organization \_\_\_\_\_
2. Name \_\_\_\_\_  

First	Middle	Last
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Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_  
Occupation \_\_\_\_\_ Organization \_\_\_\_\_

**Section VII: Application Documents**

*Submit the following to Cox College by application due date:*

1. Copy of professional credentials if applicable (ARRT,ARDMS, etc. )

*Students applying to a specialty imaging track should also submit the following:*

1. Personal resume
2. Job Shadowing Form (if non-RT(R))
3. Two (2) letters of recommendation
4. *Clinical Affiliate Request Form* if requesting a clinical site outside of the CoxHealth system

**Section VIII: Application and Acceptance Procedure**

1. Applicants may submit an application prior to graduation from the prerequisite program and/or obtaining required credentials. Admission will be contingent on the successful completion of the program and subsequent certification.
2. Before this program application will be processed, a completed Cox College admission application must be submitted and processed. This application is good only for the academic year in which you are applying. If you are not selected for this cohort, you MUST complete a new application if you wish to be considered for future admission to the program.
3. Cox College will only accept grades of "C" or better in transfer. Admissions to the BSDI minimum GPA of 3.0.
4. All applicants must be a citizen of the United States or have permanent residency in the United States.
5. If applicable, the student MUST provide the *Clinical Affiliate Request Form* at the time of interview (if required).
6. An interview for program admissions may or may not be required, depending on the availability of clinical sites. BSDI Completion students are not required to interview.
7. By my signature below, I certify that the preceding information is accurate. I understand false statements, answers or omissions will result in termination from the program. I authorize any person(s) or organization(s) listed within my application file to release any information about me which they may contain in their records or files.

**If accepted, I hereby agree to abide by the rules and policies of Cox College. I realize that acceptance into the program is contingent upon passing a required drug screen and background check. I understand that a non-refundable \$175 background and drug screen fee will be due upon acceptance into the program.**

Signed \_\_\_\_\_

Date \_\_\_\_\_

Submit application to  
Cox College, Admissions  
1423 N. Jefferson  
Springfield, MO 65802

Revised 2/2018