



## AASR PROGRAM APPLICANT CHECKLIST

This checklist includes important steps that must be completed to be eligible for admission into the AASR Program. If you have any questions, our staff will be happy to assist you. The steps on this checklist must be completed and returned by their listed due dates.

### STEP 1 – ACCEPTANCE PACKET DUE: [FEBRUARY 1, 2020](#)

- COMPLETE** and **RETURN** Program Reservation Form
- SUBMIT** \$100 Reservation Fee
- COMPLETE** and **RETURN** Demographic Form
- COMPLETE** and **RETURN** Fair Credit Reporting Act Disclosure Form

### STEP 2 – PROGRAM ENTRANCE PACKET: [JULY 15, 2020](#)

The Program Entrance Packet will be sent to you separately once we have received your completed Acceptance Packet. This packet will consist of a background check, proof of CPR certification, drug screen, two-step TB skin test, and vaccinations. **PLEASE NOTE:** There will be fees associated with these requirements.

If you have any questions regarding Step 2, please contact:  
Vanessa Kleinhenz at 330-363-5352.



## FALL 2020

### ASSOCIATE OF APPLIED SCIENCE IN RADIOGRAPHY PROGRAM RESERVATION FORM

If you accept admission into the AASR Program, please complete and return this form along with the \$100 non-refundable reservation fee. The reservation fee is required to hold your seat in the program for the semester. **The reservation form will not be accepted without the reservation fee.**

Payment may be made by:

- A check payable to Aultman College
- A credit card in the main office or over the phone at 330-363-6347
- Cash

Return to: AULTMAN COLLEGE  
ATTN: ADMISSIONS  
2600 SIXTH STREET SW  
CANTON, OH 44710

**FORMS & FEE MUST BE RETURNED BY:**  
**FEBRUARY 1, 2020**

NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

E-MAIL \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

#### **ACCEPTING PROGRAM ADMISSION**

\_\_\_\_\_ I **accept** admission.

#### **DECLINING PROGRAM ADMISSION**

\_\_\_\_\_ I **decline** admission. Please let us know why you are declining admission: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



DEMOGRAPHIC FORM

NAME: (LAST) (FIRST) (MIDDLE INITIAL) (PREVIOUS NAMES)
ADDRESS: (NUMBER & STREET) (APT. NO.) (CITY) (STATE) (ZIP) (COUNTY)
TELEPHONE: EMAIL:

DATE OF BIRTH: (MM/DD/YYYY) SOCIAL SECURITY NUMBER: (###-##-####) DID YOU FILE A FAFSA? YES NO I PLAN TO
RACE: WHAT IS YOUR RACE? SELECT ONE CATEGORY TO INDICATE WHAT YOU CONSIDER YOURSELF TO BE.
GENDER: MALE FEMALE OTHER MARITAL STATUS: SINGLE MARRIED OTHER
EMERGENCY CONTACT PERSON: (NAME/RELATIONSHIP) (TELEPHONE)

ARE YOU A VETERAN: NO YES PLEASE SELECT WHICH BRANCH OF THE MILITARY YOU HAVE SERVED IN, IF ANY? ARMY NAVY AIR FORCE MARINES COAST GUARD

HIGHEST LEVEL OF EDUCATION COMPLETED: CURRENT HIGH SCHOOL STUDENT TECH PREP PROGRAM BACHELOR'S DEGREE
HIGH SCHOOL DIPLOMA 1 YEAR OR LESS OF COLLEGE MASTER'S DEGREE
GED / HIGH SCHOOL EQUIVALENCY 2 YEARS OR MORE OF COLLEGE DOCTORATE DEGREE
NON-HIGH SCHOOL GRADUATE 4 YEARS OR MORE OF COLLEGE CERTIFICATION/LICENSE
PLEASE INDICATE ANY CERTIFICATION(S) OR LICENSE(S) YOU CURRENTLY HOLD THAT MIGHT PERTAIN TO HEALTH CARE:
ARE YOU A FIRST-GENERATION COLLEGE STUDENT? ARE YOU AN AULTMAN HEALTH FOUNDATION EMPLOYEE?

STUDENT'S SIGNATURE DATE



## FAIR CREDIT REPORTING ACT DISCLOSURE

In conjunction with my application to a program in Aultman College, I understand that I must submit to and bear the cost of a criminal background check and fingerprinting. I understand that this check will be conducted by VerifyStudents.com, a Division of Corporate Screening Services, Inc (CSS).

I hereby authorize VerifyStudents.com to procure a report, from BCI, FBI, or both regarding criminal background. I understand this report may include information regarding my credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification to the extent such investigation includes information bearing on my character, general reputation, personal characteristics or mode of living. I understand that if an adverse decision affecting my acceptance or continuation in any program at Aultman College, based in whole or in part on a report obtained by VerifyStudents.com, which will be provided with a copy of the report and a written summary of my consumer rights under the Fair Credit Reporting Act.

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**NAME (PLEASE PRINT)**

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**SIGNATURE**

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**DATE**

**DISCLAIMER:** Students whose programs require *clinical* experiences must complete and pass a background check with fingerprinting, drug screen, and immunization verification prior to clinical placement. Students who fail to meet these requirements will not only be ineligible to participate in clinical experiences but also may be ineligible to complete the program.

Students whose programs require *fieldwork* experiences may be required, at the discretion of the field site, to complete and pass a background check with fingerprinting, drug screen, and immunization verification prior to field placement. Students who fail to meet these requirements are subject to program rules stipulating eligibility requirements for field placement and program completion.

Be advised that failure to meet discipline-specific state board standards for background checks with fingerprinting and urine drug screens can preclude students from 1) acceptance into certain clinical/field experiences, and/or 2) eligibility to sit for licensure exams and become licensed by those boards. It is the student's responsibility to contact the appropriate state licensure board to determine standards required for credentialing, licensing, and/or employment in the student's field of study.