

Programs beginning in Spring, Summer II, and Fall 2025

**Application**

**P**

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](mailto:askhpp@iu.edu) or Joanna Plew at [jplew@iu.edu](mailto:%20jplew@iu.edu) well in advance of the program deadline.

STEP 1: UNIVERSITY ADMISSIONS STATUS (IU INDIANAPOLIS) Students seeking admission to any Health Professions Programs must complete an application for enrollment at IU Indianapolis or be currently enrolled at IU Indianapolis as a degree seeking student. Actively enrolled degree-seeking students on the IU Indianapolis do not need to reapply. If you last attended IU Indianapolis more than one year ago (by the time the program starts) or were only a non-degree seeking applicant, please contact IU Indianapolis Undergraduate Admissions at (317) 274-4591 or [apply@iu.edu](C:\\Users\\ajgeisle\\AppData\\Local\\Microsoft\\Windows\\INetCache\\Content.Outlook\\UQA8XNLG\\apply@iu.edu). If submitting the [IU Indianapolis application](https://indianapolis.iu.edu/admissions/apply/), pay close attention to your term of entry. 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.

|  |  |  |
| --- | --- | --- |
| DEGREES | DEADLINE | TERM OF ENTRY |
| \*Paramedic Science, AS | October 1, 2024 or February 1, 2025 | Spring 2025  Fall 2025 |
| Radiography, AS | January 1, 2025 | Summer II 2025 |
| Medical Laboratory Science, BS  Indianapolis -OR- Evansville | December 1, 2024 | Fall 2025 |
| Cytotechnology, BS | December 1, 2024 | Fall 2025 |
| \*\*Medical Imaging Technology, BS (Clinical track) | November 15, 2024 | Fall 2025 (Other clinical tracks) |
| Diagnostic Medical Sonography  Sonography   Echocardiography | November 15, 2024 | Summer II 2025 |
| \*\*Medical Imaging Technology, BS (Non-clinical track) | December 4, 2024 (SP25), April 25, 2025 (SU24), or June 1, 2025 (FA25) | Spring 2025  Summer 2025  Fall 2025 |
| Nuclear Medicine Technology, BS | January 1, 2025 | Summer II 2025 |
| Radiation Therapy, BS | January 15, 2025 | Summer II 2025 |
| Respiratory Therapy, BS | February 1, 2025 | Fall 2025 |
| Respiratory Therapy, BS (Advanced Standing) | Rolling Admission | Fall 2025  Spring 2025 |
| Ophthalmic Technician, Certificate | May 1, 2025 | Fall 2025 |

**\*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 IU Indianapolis/HPP, and you have not been attending classes at IU Indianapolis, please contact [IU Indianapolis Undergraduate Admissions](mailto:IU%20Indianapolis%20Undergraduate%20Admissions) at (317) 274-4591 or [apply@iu.edu](mailto:apply@iu.edu). Pay close attention to your term of entry 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 Applied Click or tap here to enter text.

Please check one:

Currently enrolled at IU Indianapolis as a degree-seeking student

Currently enrolled at another IU campus

Enrolled at IU Indianapolis over a year ago (or it will be longer than a year upon program start date) and in the process of reapplying to IU Indianapolis

Currently enrolled at a non-IU school

STEP 4: GENERAL INFORMATION

Previous Legal Names on Transcripts (If Applicable):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_ Cell Phone Number: (\_\_\_) \_\_\_\_ -\_\_\_\_\_\_\_\_

IU E-Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Non-IU E-Mail Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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CITY STATE ZIP CODE

STEP 5: EDUCATIONAL BACKGROUND List all previous institutions attended including those that were part of your high school education. If re-applying, please supply updated transcripts. Submit a separate transcript from EACH college, university, or other institution attended (except Indiana University). This includes any college level courses completed while enrolled in high school. Applications will not be evaluated until all transcripts are received. Transcripts must be submitted even if the courses taken are not considered prerequisites. Photocopies, unofficial copies or student copies of the transcript(s) are accepted. The program’s admissions committee reserves the right to request an official copy. Submission of illegible copies will delay the review of the application.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| EDUCATIONAL INSTITUTION | TERM OF ENTRANCE | TERM OF DEPATURE | DEGREE RECEIVED? | TRANSCRIPT ATTACHED | | |
| **High School** submission of high school transcript is only required for Radiography, AS applicants if applicant has less than 12 college credit hours | | | | YES | NO | N/A |
|  |  |  |  |  | | |
| **Previous Institution(s) & Current Institutions(s)** | | | | YES | NO | N/A |
|  |  |  |  |  | | |
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STEP 6: GENERAL EDUCATION CORE AND COMPLETION PLAN Students who are applying for any baccalaureate degree programs are required to meet the IU Indianapolis 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 IU Indianapolis before the GE Core is completed at your prior institution, you must complete the requirements at IU Indianapolis.

Completion of the Indiana College 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

I have already completed the above College Core and it is noted on my transcript (This only applies to students at any IU campus or other state-supported institutions in Indiana)

I am in the process of completing the College Core. (If completing the College Core at IU Indianapolis, please indicate in the chart below your plan for completion.)

I am applying to an associate/certificate degree program. (GE Core is not required)

|  |  |  |
| --- | --- | --- |
| IU Indianapolis General Education Core – 30 credit hours  For more information about IU Indianapolis GE Core visit [here](https://undergraduate.indianapolis.iu.edu/undergraduate-curricula/general-education/iupui-general-education-core/index.html). To see approved options for each program, visit [here](https://undergraduate.indianapolis.iu.edu/undergraduate-curricula/general-education/iupui-general-education-core/index.html). | | |
| 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 | | |
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*Note:* If you are currently in the course or plan to take it, mark the grade as IP for “In Progress”.

Please refer to this chart below to determine when prerequisite courses must be finished. Please refer to degree maps for detailed course completion requirements or contact Joanna Plew.

|  |  |  |
| --- | --- | --- |
| PROGRAM | PREREQUISITE COMPLETION DEADLINE | PROGRAM START DATE |
| Ophthalmic Technician, CT | N/A | Fall 2025 |
| Paramedic Science, AS | By program start date | January (spring entry) or August (fall entry) |
| Radiography, AS | End of Spring 2025 Term | June 2025 |
| Medical Laboratory Science, BS | July 1, 2025 | August 2025 |
| Cytotechnology, BS | By program start date | August 2025 |
| Diagnostic Medical Sonography, BS | By program start date | June 2025 |
| Medical Imaging Technology, BS | End of Spring 2025 Term | June or August (depending on track) 2025 |
| Nuclear Medicine Technology, BS | End of Spring 2025 Term | June 2025 |
| Radiation Therapy, BS | By program start date | June 2025 |
| Respiratory Therapy, BS | August 1, 2025 | August 2025 |

Completion Plan 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.

|  |  |  |  |
| --- | --- | --- | --- |
| **General Education Core and Program Requirement Completion Plan** | | | |
| Term | Course Number and Title | Cr Hrs | Institution Attending |
| Fall Semester 2024 |  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Spring Semester 2025 |  |  |  |
|  |  |  |
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|  |  |  |
|  |  |  |
| Summer Session I 2025 |  |  |  |
|  |  |  |
| Summer Session II 2025\* |  |  |  |
|  |  |  |

\*This is only applicable to Cytotechnology and Paramedic Science applicants.

**PLEASE READ STEP 7 VERY CAREFULLY**

The use of one or more of HPP’s admission policies may have a direct impact on your ability to gain admission.

Before submitting your application, it is recommended that you discuss the options below with our academic advisor if you believe they may apply to your prior academic history. Contact the HPP Administrative Office at (317) 278-4752 or

[askhpp@iu.edu](mailto:askhpp@iu.edu) for more information.

Requests for Academic Bankruptcy and Fresh Start must be submitted at the time of program application.

STEP 7: ADMISSION POLICIES Use of any of the IU School of Medicine Health Professions Programs Admission Policies (Academic Bankruptcy, Fresh Start, or Repeated Courses) as described below are optional. As indicated above, using one or more of these policies may increase your chance of being admitted to your program of choice. **NOTE: Medical Imaging Technology** **applicants may not utilize Academic Bankruptcy and/or Fresh Start for professional Radiologic Sciences courses.**

For more information about Academic Bankruptcy, Fresh Start, and Repeated Courses.

Please visit the School of Medicine’s HPP Section of the [IU Indianapolis Campus Bulletin](https://bulletins.iu.edu/iuin/2024-2025/schools/medicine/academic-regulations/index.shtml).

**Academic Bankruptcy** — If using this policy, please attach the [HPP Request for Academic Bankruptcy form](https://indiana-my.sharepoint.com/:w:/g/personal/ajgeisle_iu_edu/EY784CX-05JAmimZfA5TVMkBs4E9lM8b2MJkFWVxrEAfQw?e=OzWjGX) to the application.

I am requesting Academic Bankruptcy as part of my application:  YES  NO

**Fresh Start** — If using this policy, please attach the [HPP Request for Fresh Start form](https://indiana-my.sharepoint.com/:w:/g/personal/ajgeisle_iu_edu/Ec1SvtpaCqFFsUlVckHfQoYBm0pD1ACWTP9DHl1oFQ69rg?e=YTHgIo) to the application.

I am requesting Fresh Start as part of my application:  YES  NO

**Repeated Courses** —If using this policy, please fill out the table below with any courses that have *already* been replaced by your current college or university on your official transcript, as well as courses in progress for the **current term.**

I have repeated courses on my academic transcripts:  YES  NO

Complete the following chart if Repeated Courses applies to you.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| COURSE NUMBER AND TITLE | | | INSTITUTION ATTENDED | CR HRS | GRADE RECEIVED |
| 1 | 1st attempt |  |  |  |  |
| 2nd attempt |  |  |  |  |
| 2 | 1st attempt |  |  |  |  |
| 2nd attempt |  |  |  |  |
| 3 | 1st attempt |  |  |  |  |
| 2nd attempt |  |  |  |  |
| 4 | 1st attempt |  |  |  |  |
| 2nd attempt |  |  |  |  |
| 5 | 1st attempt |  |  |  |  |
| 2nd 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 [Medical Imaging Technology Clinical Preference Form](https://indiana-my.sharepoint.com/:w:/g/personal/ajgeisle_iu_edu/EdIr_n2gMoxPpgHU_GnY13gBr6EWWNW-HN_-CfXfhdg21A?e=uOBkeX) 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 the [Clinical Experience Verification Form](https://indiana-my.sharepoint.com/:w:/g/personal/ajgeisle_iu_edu/ESml1rsXrB9NoZA2rQnWn7QBJ6cgHHFRSf_kXM-VZmF1rw?e=bwL5Jc) 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 [TEAS test](https://medicine.iu.edu/undergraduate-health-professions/admissions/teas-test) and submit your score sheet 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 2024-2025 academic year, include this as part of the “General Education Core and Program Requirement Completion Plan” under Step 6.
* **Radiography** — Complete [TEAS Test](https://medicine.iu.edu/undergraduate-health-professions/admissions/teas-test) and submit your score sheet with application.
* **Radiation Therapy** — Two observations are required and must be submitted with application.Please fill out the [Radiation Oncology Observation form](https://indiana-my.sharepoint.com/:w:/g/personal/ajgeisle_iu_edu/EfM1rXaDeG1KnGorHZciqmQBKrayBQDcDOY_puTrM0dgBQ?e=w84BtA) during each of your observations. These observation hours must be completed in a minimum of two different [Clinical Observation Sites](https://indiana-my.sharepoint.com/:w:/g/personal/ajgeisle_iu_edu/EdAsANM3-_NCh8oYVm7E_RABTMrMp5gWdXBAk0NfXAReOQ?e=k4qdMW).
* **Respiratory Therapy** — Observations(s) preferred, but not required. View [suggested observation sites](https://indiana-my.sharepoint.com/:w:/g/personal/ajgeisle_iu_edu/EdAsANM3-_NCh8oYVm7E_RABTMrMp5gWdXBAk0NfXAReOQ). Submit any [observation forms](https://indiana-my.sharepoint.com/:w:/g/personal/ajgeisle_iu_edu/Edn4RR40F0tMgXTQqiY0pDIBah_NYAMJRsbBsHtLBAam9w?e=YwdONQ) 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 AND DISCLOSURE

Social Security Number — ALL students must have a social security number (SSN) by February 1, 2025. 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, 2025. Helpful information on the process can be found [here](https://international.indianapolis.iu.edu/visas/taxes/social-security-numbers.html).

YES  NO I have a Social Security Number (SSN).

\*If you replied “No” to the question above, please respond to the following question.

YES  NO I have begun the process of obtaining a Social Security Number (SSN).

\_\_\_\_\_ By adding my initials, I understand that all admitted students must have a Social Security Number (SSN) no later

than February 1, 2025.

Compliance Requirements — All applicants must read the [New Student Compliance Requirements](https://indiana.sharepoint.com/sites/MedNet-UndergradStudents/SitePages/NewStudentRequirements.aspx).

\_\_\_\_\_ 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](mailto: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 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, administrative 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.

YES  NO Has your employment at any health care facility ever been involuntarily terminated for disciplinary reasons?

YES  NO 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](mailto:jplew@iu.edu).

(This is a separate issue from disclosing convictions, charges, and/or probation/diversion.)

STEP 10: SUBMISSION 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 [askhpp@iu.edu](mailto:askhpp@iu.edu). Please utilize a scanner rather than submitting photos.
* Mail to the address below in a document mailer. Hard copies should be submitted as single sided, unfolded, unstapled documents. 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 and 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](mailto:askhpp@iu.edu)

317-278-4752

Office Hours: Mondays and Tuesdays from 8:00 a.m.-3:00 p.m.

Appointment only — please contact Joanna Plew ([jplew@iu.edu](mailto:jplew@iu.edu)) to schedule an appointment.

I, the undersigned, do hereby attest that my application to the above program, for entry into the program year 2025, is true and correct to the best of my knowledge. I have read all the application instructions and realize that failure to follow these instructions may jeopardize my application.

Signature: Click or tap here to enter text. Date: Click or tap to enter a date.

By signing, I understand that an electronic signature has the same legal effect and can be enforced the same way as a written signature.