Rutgers
School of Health Related Professions

exclusively dedicated to healthcare
state-of-the-art equipment
the very best faculty & students
rigorous course work

it's all
about
CHOICES...

APPLICATION FOR ADMISSION
Please refer to the instructions on the back of this application before completing form.  
Please complete in full to ensure quick processing of your application

BIO-DEMOGRAPHICS, ACADEMIC HISTORY & WORK HISTORY

Social Security Number (optional) ________________________________

Last Name ___________________________________________ First Name ___________________________________________ M.I. ____________

(If information needed to process this application is located under a different name, please place the name in the space provided below):

Previous Last Names ________________________________________________

Permanent Address ________________________________________________

City __________________________________ State ______ Zip __________ Country ______________________________

If NJ resident, which county? __________________ How long at this address? __________ Home / Cell Phone ____________________________ Business Phone ____________________

Mailing Address ________________________________________________

City __________________________________ State ______ Zip __________ County ______________________________

If NJ resident, which county? __________________ Home / Cell Phone ____________________________ Email Address __________________

List all colleges, universities and institutions attended. For those applying to undergraduate programs, include high school(s) attended or GED information. List the most recent first and use additional pages if necessary.

Name __________________ Location __________________ Degree __________ Dates __________ – __________

Name __________________ Location __________________ Degree __________ Dates __________ – __________

Name __________________ Location __________________ Degree __________ Dates __________ – __________

Veteran of the Armed Forces? □ Yes □ No     Vet. File No. __________________ Dates of Service __________________

Current Employer and Address ________________________________

Current Employer Phone Number ________________________________

Start Date __________________ Is the position health related? □ Yes □ No     Title ________________________________

How did you learn about the Rutgers-School of Health Related Professions? ________________________________

GENDER, BIRTH DATE, ETHNICITY, RACE, AND CITIZENSHIP

(This section is voluntary and confidential information. Failure to furnish this information will NOT affect the status of this application.)

Gender: □ Male □ Female     Birth Date: ________________________________

Ethnicity: (select one) □ Hispanic or Latino □ Not Hispanic or Latino

Race: (select one or more) □ American Indian or Alaskan Native □ Asian □ Black or African American

□ Native Hawaiian or other Pacific Islander □ White □ Other ________________________________

Citizenship: US Citizen: □ Yes □ No     □ Refugee □ Permanent Resident     Alien Reg. # __________________ Exp. Date __________

Country of Citizenship (if not the U.S.) ________________________________ Place of Birth: City/Prefecture __________________

Visa Classification: □ B2 □ F1 □ F2 □ J1 □ J2 □ H1 □ H4 □ TN □ Other __________________

Exp. Date __________

Documentation of immigration status will be requested after admission.


**SELECT PROGRAM OF INTEREST**

Term / Year of planned enrollment:  
- [ ] Full-Time  
- [ ] Part-Time  
- [ ] Spring, 20    
- [ ] Summer, 20    
- [ ] Fall, 20    

Have you previously attended SHRP:  
- [ ] Yes  
- [ ] No  
If "Yes", which program? ____________________________

Applying for Readmission:  
- [ ] Yes  
- [ ] No

**Doctoral Degrees**

- [ ] Biomedical Informatics (BIP5)  
  - Online  
  - Newark Campus
- [ ] Clinical Laboratory Sciences (HSP5-XCLS)
- [ ] Clinical Nutrition (CNP5)
- [ ] Health Sciences (HSP5)  
  - Health Leadership  
  - Nutrition  
  - Psychiatric Rehabilitation  
  - Rehabilitation & Movement Sciences  
  - Other
- [ ] Physical Therapy (PTE5)  
  apply at www.ptcas.org
- [ ] Psychiatric Rehabilitation (PRP5)

**Masters Degrees**

- [ ] Biomedical Informatics (BI05)  
  - Online  
  - Newark Campus
- [ ] Clinical Laboratory Sciences (CLS5)
- [ ] Clinical Nutrition (CN05)
- [ ] Clinical Trial Sciences (CTS5)  
  - Clinical Trials Informatics  
  - Clinical Trials Mgmt & Recruitment Sciences  
  - Drug Safety and Pharmacovigilance  
  - Regulatory Affairs
- [ ] Health Sciences (MHS5)  
  - CMR Disease Management  
  - Health Professions Education  
  - Integrative Health & Wellness  
  - Tailored Track
- [ ] Health Care Management (MHCM)  
  - Biomedical Informatics  
  - CMR  
  - Management & Leadership

**Bachelors Degrees**

- [ ] Allied Health Technologies* (check concentration)
- [ ] Clinical Laboratory Science* (check concentration)  
  - Cytotechnology (CY03)  
  - Medical Laboratory Science (MLS3)
- [ ] Health Information Management* (HIM3)
- [ ] Medical Imaging Sciences* (check concentration)  
  - Cardiac Sonography (ACD3)  
  - Radiologic Imaging Modalities (RA02)
  - Diagnostic Medical Sonography (ADM3)  
  - Vascular Sonography (AVS3)

* Identify Below Co-Sponsoring Institution Currently Attending  
- or check  [ ] 2nd Bachelors

**Undergraduate Certificates**

- [ ] Cardiac Sonography (CDS2)  
- [ ] Cytotechnology (CY02)  
- [ ] Dental Assisting* (DNS4)
- [ ] Dental Assisting - Rutgers-SHRP stand alone (DA02)
- [ ] Dental Hygiene - Rutgers-SHRP stand alone (DH02)
- [ ] Radiologic Imaging Modalities (DT02)
- [ ] Diagnostic Medical Sonography (DMS2)
- [ ] Dental Hygiene with Thomas Edison State College (DH05)
- [ ] Dental Assisting - Thomas Edison State College (DA03)
- [ ] Dental Hygiene - Thomas Edison State College (DH03)

**Other Program** (for programs added after 9-25-2013)

- [ ]

* To be eligible for the Programs with an asterisk, you must already have taken the prerequisites or be a student coming from a co-sponsoring institution which is listed on our web site at http://shr.p.rutgers.edu (click on admissions) and admissions booklets.

I understand that, as a condition of admission, I may be required to authorize Rutgers to obtain criminal background check(s). I may also be required to obtain a background check myself or authorize clinical training facilities to conduct this check, and to permit the results to be provided by the reporting agency to Rutgers and/or to clinical facilities. If I am offered admission, the offer will not be considered final until completion of my background check, with results deemed favorable by Rutgers. If the results of the background check(s) are not deemed favorable by Rutgers or by the clinical facility(ies), or if information received indicates that I have provided false or misleading statements, have omitted required information, or in any way am unable to meet the requirements for completion of the program, the admission may be denied or rescinded or I may be dismissed.

I certify that all documents and information provided by me are true, accurate, and complete. Any false or misleading information may result in actions including, but not limited to, discipline, dismissal or revocation of degree(s). In addition, I realize my acceptance may be revoked if I engage in behavior that brings into question my honesty, integrity, maturity or ethical character.

I have read and understand the statement of essential functions for the School and/or specific program(s) located at http://shr.p.rutgers.edu/admissions/admissions_tech.html, which all students must satisfy for the course of study to which I am applying. If I require any accommodations in order to satisfy these standards, I agree to request accommodations in writing promptly after admission. I understand that the School of Health Related Professions will evaluate the reasonableness of the accommodation before acting on the request. The Disabilities Compliance Coordinator may be reached at 973-972-8594.

Date __________________________ Signature of Applicant __________________________
APPLICATION INSTRUCTIONS

Read through the application form and instructions before entering information. All documents and fees must be submitted by the program deadline to be considered.

Rutgers-SHRP does not discriminate in admissions or access to its programs and activities on the basis of race/color, national origin, ethnicity, religion/creed, disability, age, marital status, gender, sexual orientation or veteran’s status.

Rutgers-SHRP is committed to complying with the requirements of the Americans with Disabilities Act.

Rutgers, The State University of New Jersey is an Affirmative Action/Equal Opportunity Employer.

Application Fee:

• A $75 non-refundable application fee is required to be submitted with this application to Rutgers-SHRP, Office of Enrollment Services, 65 Bergen Street, Room 149, Newark, NJ 07107.

• If you apply to more than one program, add an additional $75 for each program.

Bio-Demographics:

• Enter your current full legal name and previous legal name, if applicable. Ensure that your full legal name is on all application materials. If transcripts are under a different name, please submit current and previous names with transcript.

• Permanent Address indicates your place of permanent residency. Mailing Address represents where you prefer correspondence to be mailed. If your mailing address is likely to change during the admissions process, a permanent address may be better to use.

Citizenship: (Optional on application, required after admission)

• If you are not a United States citizen, record the country in which you are a citizen and indicate the type of US visa you now hold: (ex. F1-student, J1-exchange visitor, etc.)

• Permanent residents or naturalized citizens must present their original Permanent Resident Card (Green Card), US Passport or Naturalization Certificate to a member of the Office of Enrollment Services for proper verification. Copies will not be accepted as original verification (only students enrolled in distance programs will be allowed to submit notarized copies.)

Program of Interest:

• Indicate the program for which you are applying. Indicate concentration and/or co-sponsoring institution if applicable. No application will be processed without this information.

Academic History:

• Request your college registrar to forward an OFFICIAL COPY of your transcript to the School of Health Related Professions (SHRP). If you attended an educational institution in a foreign country, you are also required to have the transcript(s) evaluated by a transcript evaluation service (i.e. World Education Services). Request that a copy of this evaluation be sent directly to SHRP. Submit your international transcript with a certified English translation if the original is not in English. If you are currently involved in course work, you should list these courses and submit documentation of your registration. Send all documentation to: Rutgers-SHRP, Office of Enrollment Services, 65 Bergen Street, Room 149, Newark, NJ 07107-3001.

• If you did not attend secondary school in the US or have not completed a sufficient number of college level English courses, you are required to take the Test of English as a Foreign Language (TOEFL). Acceptable scores for TOEFL are as follows: 550 and above for paper based test and 79 for the Internet based test. Some programs may have higher requirements. All results must be forwarded directly to Rutgers-SHRP from the testing agency.

TESTING & TRANSCRIPT EVALUATION AGENCIES

<table>
<thead>
<tr>
<th>Graduate Record Examination (GRE)</th>
<th>Test of English as a Foreign Language (TOEFL)</th>
<th>World Education Services, INC.</th>
</tr>
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<tbody>
<tr>
<td>GRE-ETS</td>
<td>TOEFL Services-ETS</td>
<td>Bowling Green Station</td>
</tr>
<tr>
<td>PO Box 6000</td>
<td>PO Box 6151</td>
<td>PO Box 5087</td>
</tr>
<tr>
<td>Phone: 609-771-7670</td>
<td>Phone: 609-771-7100</td>
<td>Phone: 800-937-3895</td>
</tr>
<tr>
<td>School Code: 3116</td>
<td>School Code: 2895</td>
<td><a href="http://www.wes.org">www.wes.org</a> - Email: <a href="mailto:info@wes.org">info@wes.org</a></td>
</tr>
<tr>
<td><a href="http://www.gre.org">www.gre.org</a></td>
<td><a href="http://www.TOEFL.org">www.TOEFL.org</a></td>
<td></td>
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</tbody>
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PHONE: 973-972-5336 • WEB: SHRP.RUTGERS.EDU

In compliance with the Crime Awareness and Campus Security Act of 1990, the Annual Rutgers Security Report is available from: Rutgers Public Safety Department, 30 Bergen Street, Room 520-B, Newark, NJ 07103-3001