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 __________________________ Country _________________________

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

□ Respiratory Therapy South* (RT03)
□ Respiratory Care North* (RCN3)
□ Health Care Informatics (HI02)
□ Dental Hygiene with
   Thomas Edison State College (HST3)
□ Allied Dental Education  ○ Health Services Management & Education
   ○ Coordinated Dietetics  ○ Advanced Imaging Sciences
   ○ Check if applying for a 2nd Bachelors
□ Medical Imaging Sciences joint with Thomas Edison State College (MIS3)  (check concentration)
   ○ Cardiovascular Sonography (ACD3)
   ○ Radiologic Imaging Modalities (RAO2)
   ○ Diagnostic Medical Sonography (ADM3)
   ○ Vascular Sonography (AVS3)

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

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

Physician Assistant (PAO5)
apply at www.CASPAonline.org
□ Psychiatric Rehabilitation (PSR5)
□ Radiologist Assistant (RAO5)
□ Rehabilitation Counseling (PRC5)

Graduate Certificates
□ Dietetic Internship (DI02)
□ Health Care Informatics (HI02)

Associate Degrees
□ Dental Hygiene* (DH02)
□ Dental Hygiene with
   Thomas Edison State College (DS02)
□ Occupational Therapy Assistant* (OTA3)
□ Psychosocial Rehabilitation* (PR03)
□ Respiratory Care North* (RCN3)
□ Respiratory Therapy South* (RT03)

Bachelors Degrees
□ Allied Health Technologies*  (check concentration)
   ○ Respiratory Care (ARC3)
□ Clinical Laboratory Science*  (check concentration)
   ○ Cytotechnology (CY03)
   ○ Medical Laboratory Science (MLS3)
□ Health Information Management* (HIM3)
□ Medical Imaging Sciences*  (check concentration)
   ○ Cardiovascular Sonography (ACD3)
   ○ Radiologic Imaging Modalities (RAO2)
   ○ Diagnostic Medical Sonography (ADM3)
   ○ Vascular Sonography (AVS3)

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)
□ Dietary Management* (DTM2)
□ Medical Laboratory Science (MLS2)
□ Nuclear Medicine Technology (NMT2)
□ Vascular Sonography (VS02)

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://shrp.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. 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://shrprngrutgers.edu/admissions/admissions_cert.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 __________________

Rev. 10-2-13
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

Graduate Record Examination (GRE)
GRE-ETS
PO Box 6000
Princeton, NJ 08541-6000
Phone: 609-771-7670
School Code: 3116
www.gre.org

Test of English as a Foreign Language (TOEFL)
TOEFL Services-ETS
PO Box 6151
Princeton, NJ 08541-6151
Phone: 609-771-7100
School Code: 2895
www.TOEFL.org

World Education Services, INC.
Bowling Green Station
PO Box 5087
New York, NJ 10274-5087
Phone: 800-937-3895
www.wes.org - Email: info@wes.org

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