

## JUST A REMINDER

### BEFORE YOU BEGIN

- Please read the instructions
- Contact all schools to request that official transcripts be sent to the Arizona School of Health Sciences, ATSU Admissions
- Release and forward the appropriate official test scores (see instructions) to the Arizona School of Health Sciences, ATSU Admissions
- Release and forward official sealed documentation of licensure or certification (Au.D. *transitional* applicants only)

### FILL OUT THE FOLLOWING FORMS

- Application form
- Resume

### COMPLETING THE PROCESS

- Copy completed forms for your records
- Mail: Completed application  
\$60 processing fee  
Sealed Letters of Recommendation
- Au.D. *entry level* applicants are encouraged to apply prior to February 15.  
Au.D. *transitional* applications can be submitted at any time during the year.

### QUESTIONS/APPLICATION SUBMISSION

For application processing questions contact:

Arizona School of Health Sciences  
ATSU Admissions  
660.626.2237  
866.626.2878, ext. 2237

Return application and fee to:

ASHS Application Materials  
A.T. Still University  
800 W. Jefferson St.  
Kirksville, MO 63501-1497

For specific status/program information *AFTER* your file is complete contact:

Arizona School of Health Sciences  
480.219.6000

# APPLICATION FOR ADMISSION

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## DOCTOR OF AUDIOLOGY (AU.D.)

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Au.D. – Entry Level Degree Program  
Residential on Campus

Au.D. – Transitional Degree Program  
Distance Education for Practicing Audiologists

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# HOW TO APPLY FOR ADMISSION

**STEP 1** Complete the enclosed application along with a non-refundable \$60 processing fee (check, money order, or credit card) made payable to “Arizona School of Health Sciences.”

The **Au.D. entry level** program operates on a rolling admissions basis. Applicants are encouraged to apply prior to February 15 to be included in the initial screening and selection process. Subsequent applications are reviewed if enrollment slots are available. Reapplication for the following year requires submission of new materials and fee.

Applications for the **Au.D. transitional** program may be submitted at any time during the academic year and will be processed on a rolling admission basis. Applications will be processed routinely to ensure that all class openings are filled for the beginning of each quarter.

## Return application and fee to:

**ASHS Application Materials**  
**A.T. Still University**  
**800 W. Jefferson St.**  
**Kirksville, MO 63501-1497**

**STEP 2** Official transcripts may be sent directly to ATSU Admissions from each college or university attended or applicants may submit official transcripts directly in their application packet in sealed and endorsed envelopes. All transcripts must be in official college/university envelopes.

Courses recorded on one transcript as transfer credit from another institution are not considered official documentation of that coursework. If currently enrolled in coursework, please send the most recent transcripts from that college/university.

Applicants who have graduated from a foreign college or university must submit acceptable evidence of U.S. degree/course equivalency and English proficiency. Applicants must have foreign transcripts evaluated by an evaluation service specializing in foreign transcript evaluation.

Foreign Evaluation Services:

*American Association of Collegiate Registrars & Admissions Officers*  
One Dupont Circle, NW, Suite 520  
Washington, DC 20036-1135 202.293.9161  
www.aacrao.org, link to Foreign Education Credential Service

*Educational Credential Evaluators, Inc.*  
P.O. Box 514070  
Milwaukee, WI 53203-3470 414.289.3400

*International Education Research Foundation, Inc.*  
P.O. Box 66940  
Los Angeles, CA 90066 310.390.6276

*Josef Silny & Associates, Inc.*  
International Educational Consultants  
P.O. Box 248233  
Coral Gables, FL 33124 305.666.0233

*World Evaluation Services, Inc.*  
P.O. Box 745 Old Chelsea Station  
New York, NY 10113-0745 212.966.6311

English language proficiency may be demonstrated by six semester hours of English and three semester hours of speech at a U.S. college or university prior to matriculation or by submitting an official TOEFL score of 500 or more.

**STEP 3** Submit a resume following the guidelines on page 3 or 4 for your specific degree program.

**STEP 4** Submit letters of recommendation:

**Au.D. entry level applicants** - Submit three (3) letters of recommendation:

*Letters I* and *II* must be from present or former faculty members or academic advisors.

*Letter III* should be from a health care professional (audiologist or other), previous employer or mentor. However, if this is not possible, a letter from a present or former faculty member or academic advisor will be accepted.

**Au.D. transitional applicants** - Submit two (2) letters of recommendation:

*Letters I* and *II* must be current letters of reference from audiologists or healthcare professionals familiar with the applicant’s clinical and professional experiences.

Letters should be on official letterhead. Applicants may submit letters of recommendation with their application packet in sealed, endorsed envelopes. Letters from an educational consulting service will not be considered. Letters of reference must be submitted for each application year.

**STEP 5** Test scores:

**Au.D. entry level applicants** - Entry level applicants are required to submit complete and official scores for one of the following tests: Graduate Record Examination (GRE), Dental Aptitude Test (DAT), Optometry Aptitude Test (OAT), Medical College Admission Test (MCAT), or Miller’s Analogies Test (MAT). This requirement will be waived for those applicants who have earned a graduate degree from an accredited institution.

To forward the results of your Graduate Record Examination (GRE) to ATSU Admissions, contact Score Reporting Services at the Educational Testing Service. Request that an official report of your scores be forwarded to the 3743 ASHS code (there is no department code). The website for GRE is located at [www.gre.org](http://www.gre.org), telephone 609.771.7670. Student copies of GRE scores are not considered official.

To forward official MCAT scores, contact the AAMC for an additional score report request form at 202.828.0600 and choose the MCAT menu option. Complete the form and request scores be sent to ASHS at the address at the end of this section. Allow several weeks for this process.

**Au.D. transitional applicants** - Profile scores from the Evaluation of Practicing Audiologists Capabilities (EPAC) are

required. An official report of EPAC results must be forwarded directly to ATSU Admissions from the EPAC evaluator's office. To request an EPAC application or score report contact Credentialing Services at (309) 343-1202.

Allow several weeks for this process.

All official test scores should be mailed to:

ASHS Application Materials  
Arizona School of Health Sciences  
800 W. Jefferson St.  
Kirksville, MO 63501-1497

**STEP 6** Documentation of professional licensure/certification: Au.D. transitional applicants only - The applicant must request an official letter be sent directly from the state licensing board or certification board stating the status and expiration date of the current state license or certification. In states without audiology licensure, official documentation of the Certificate of Clinical Competence in Audiology (CCC-A), board certification in audiology by the American Board of Audiology (ABA), or Aud-C (in Canada) may be substituted. For applicants who practice outside of the United States or Canada, the applicant must provide official documentation of regulatory certification or registration to practice audiology that is held by the applicant, and the applicant's credentials will be evaluated on a case by case basis. Photocopies will not be accepted.

**STEP 7** Applications will be reviewed upon receipt of the following official application items:

Application and \$60 application fee  
Official transcripts  
Resume  
Letters of recommendation  
Official test scores  
Documentation of professional licensure or certification (Au.D. *transitional* applicants only)

**STEP 8** Eligibility for an interview will be determined by the ASHS Program Prescreening Committee and will be based on academic preparation, official test scores(s), resume, life and work experiences, community service, letters of recommendation, and interest in doctoral studies.

**Au.D. entry level applicants** who are considered potential candidates are required to interview in person or by phone.

**Au.D. transitional applicants** who are considered potential candidates are required to interview by phone.

## GUIDELINES TO PREPARING THE RESUME

(Au.D. *entry level* applicants only)

The resume must be organized as described below, or the application may be considered incomplete.

The resume is an opportunity for the candidate to present an overview of non-academic activities and life experiences to the admissions process. The resume should present relevant facts about the applicant and organize information on an applicant's unique assets, facts and dates. These guidelines provide the layout for the resume so applicant's may present information in a uniform manner.

**FORMAT:** The resume should be typed and printed on ivory or white 8 1/2" x 11" paper and should be no longer than two pages plus references.

Information under each section should be arranged with **the most recent experiences first**. Dates should be provided with each entry and should be accurate to the month and year. Groups, employers, schools, or individuals should have a city and state location provided.

The following information should be provided in the order given:

- **PERSONAL INFORMATION** *Name:* Provide your legal name with any nickname or most frequently used name in parentheses. *Social Security Number:* Provided for identification purposes only.
- **EMPLOYMENT:** List your employers through the past ten years. Provide dates of employment, position, description of duties, number of persons supervised, if any, and any promotions received. If your career history is longer than ten years, you may summarize those years prior to the ten years requested.
- **VOLUNTEER EXPERIENCES:** List any organizations for which you have volunteered your time during the past five years. Provide the organization, the activity, the approximate hours volunteered and the dates.
- **ORGANIZATIONS:** List any organizations of which you are or have been a member during the past five years. Include religious, social, athletic, school, community and professional organizations. Indicate offices held and/or committee participation.
- **HONORS AND AWARDS:** List scholarships, awards, or honors you have received. You may include awards from any facet of your life.
- **UNIQUE LIFE EXPERIENCES:** Use this section to provide information on yourself that you feel is unique or makes you a qualified candidate for admission to a professional doctoral program. You may include experiences in the Peace Corps, study abroad, certifications held, hobbies, or other life experiences. This section is very important to "sell" yourself to the Admissions Committee.
- **PRESENTATIONS:** List professional presentations. Include date, title, location of the presentation, and name of the organization or group to whom the presentation was made. If space does not allow all presentations to be listed, choose those which best represent your areas of knowledge and expertise and indicate that other presentations were omitted.
- **PUBLICATIONS:** List publications with full citations.
- **REFERENCES:** References in addition to those included with the application may be listed. Include name, title, how you know this person (i.e., academic advisor, audiology practice associate, minister), address (include zip code), and current telephone number for each reference. These references should include people you know personally who would give the Admissions Committee strong statements as to why you should be admitted.

# GUIDELINES TO PREPARING THE RESUME

(Au.D. *transitional* applicants only)

The resume must be organized as described below, or the application may be considered incomplete.

The resume is an opportunity for the candidate to present an overview of professional activities and life experiences, as well as to document activities not contained within the EPAC. Applicants must organize their resume in the order and uniform manner described below, or their application may be considered incomplete.

**FORMAT:** The resume should be typed and printed on ivory or white 8 1/2" x 11" paper and should be no longer than three pages plus references.

Information under each section should be arranged with **the most recent experiences first**. Dates should be provided with each entry and should be accurate to the month and year. Groups, employers, schools, or individuals should have a city and state location provided.

The following information should be provided in the order given:

- **PERSONAL INFORMATION:** *Name:* Provide your legal name with any nickname or most frequently used name in parentheses. *Social Security Number:* Provided for identification purposes only.
- **CONTINUING EDUCATION:** List post-master's degree educational experiences, including significant training through workshops, national or state meetings, manufacturer-sponsored classes or other. This area is intended to describe the preparation and training you have acquired since obtaining your master's degree and related to the skills used routinely in your practice. Formal college courses should not be listed here. Due to space limitations, you may refer to attached CEU transcripts or attached documents.
- **PROFESSIONAL EXPERIENCE:** List your practice sites through the past ten years. Provide dates of employment, position, description of duties, number of persons supervised, if any, and any promotions received. If your career history is longer than ten years, you may summarize those years prior to the ten years requested.  
**Each entry must indicate the number of hours worked per week to demonstrate that applicant meets the 4-year, full-time or 5,760 hours of audiology practice requirement..**
- **VOLUNTEER EXPERIENCES:** List any organizations for which you have volunteered your time during the past five years. Provide the organization, the activity, the approximate hours volunteered, and the dates.

- **ORGANIZATIONS:** List any organizations of which you are or have been a member during the past five years. Include religious, social, athletic, school, community, and professional organizations. Indicate offices held.
- **HONORS AND AWARDS:** List any scholarships, awards, or honors you have received. You may include awards from any facet of your life.
- **UNIQUE LIFE EXPERIENCES AND HOBBIES:** Use this section to provide information on yourself you feel is unique or makes you a qualified candidate for admission to a professional school. Items you may wish to include are experiences in the Peace Corps, study abroad, hobbies, or other life experiences.
- **PROFESSIONAL PRESENTATIONS:** List professional presentations. Include date, title of presentation, location of the presentation, and name of the organization or group to whom the presentation was made. If space does not allow all presentations to be listed, choose those which best represent your areas of knowledge and expertise and indicate that other presentations were omitted.
- **PROFESSIONAL PUBLICATIONS:** List audiology publications. If space does not allow, all publications to be listed, choose the most pertinent publications to list and indicate that others were omitted.
- **REFERENCES:** References in addition to those included with the application may be listed on a fourth sheet. Include name, title, how you know this person (i.e., academic advisor, practice associate, minister), address (include ZIP code), and current telephone number for each reference. These references should include people you know personally who would give the Admissions Committee strong statements as to why you should be admitted.

## Graduate Application for Admission

Mail completed application and \$60 application fee to ASHS Application Materials, A.T. Still University, 800 W. Jefferson St., Kirksville, MO 63501. The application fee is nonrefundable. Please do not use staples or special binding to secure application.

- Proposed doctoral program:**
- Au.D. *Entry Level* Degree Program  
Residential**
  - Au.D. *Transitional* Degree Program  
Distance Education for Practicing Audiologists**

Name \_\_\_\_\_ SSN \_\_\_\_\_  
Last First Middle

Do you have educational materials under another name?  Yes  No

If yes, please indicate name \_\_\_\_\_

Preferred Mailing Address \_\_\_\_\_  
Street

\_\_\_\_\_ City State Zip

Home Telephone (\_\_\_\_\_) \_\_\_\_\_ Work Telephone (\_\_\_\_\_) \_\_\_\_\_

Fax Number (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Permanent/Legal Residence \_\_\_\_\_  
Street

\_\_\_\_\_ City State Zip

Permanent Telephone (\_\_\_\_\_) \_\_\_\_\_

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### Test Score and Licensure/Certification Information

For **Au.D. *entry level*** applicants only:

Entry level applicants are required to submit complete and official scores for one of the following tests: Graduate Record Examination (GRE), Dental Aptitude Test (DAT), Optometry Aptitude Test (OAT), Medical College Admission Test (MCAT), or Miller's Analogies Test (MAT). This requirement will be waived for those applicants who have earned a graduate degree from an accredited institution.

Date of most recent Test: \_\_\_\_\_ Date of pending Test: \_\_\_\_\_

For **Au.D. *transitional*** applicants only:

License or Certification Number \_\_\_\_\_ State \_\_\_\_\_ Start Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

1. Have you ever applied to the Arizona School of Health Sciences?  Yes  No

If yes, year: \_\_\_\_\_

Program \_\_\_\_\_

2. Current Occupation \_\_\_\_\_

3. Have you had any U.S. military experience?  Yes  No If yes, branch: \_\_\_\_\_

\*4. Date and type of discharge \_\_\_\_\_

\*5. Were you ever the recipient of any action for unacceptable academic performance or conduct violations (e.g., dismissal, suspension, or disqualification) by any college or school?  Yes  No  
If yes, were you ever denied readmission?  Yes  No

\*6. Have you ever voluntarily withdrawn from a health professions program?  Yes  No

\*7. Have you ever been convicted of a misdemeanor or felony (exclude parking violations)?  Yes  No

**\* If you answered "yes" to questions 4, 5, 6 and/or 7, please explain fully in the Personal Comments section on page 5.**

8. Are you a U.S. Citizen?  Yes  No

a. If No, what is your residency status?  Temporary  Permanent

b. If No, what is your visa type and number? \_\_\_\_\_

c. If No, what is your country of birth? \_\_\_\_\_

9. How do you describe yourself?\*

Black (non-Hispanic)

American Indian or Alaskan Native

White (non-Hispanic)

Hispanic (choose only one)

Mexican American or Chicano

Puerto Rican (Commonwealth)

Puerto Rican (Mainland)

Other Hispanic

Asian or Pacific Islander (choose only one)

Chinese

Filipino

Native Hawaiian

Korean

Vietnamese

Japanese

Indian or Pakistani

Other Pacific Islander

Other Asian

Southeast Asian (other than Vietnamese)

10. Gender\*  Male  Female

11. Birth Date\* \_\_\_\_/\_\_\_\_/\_\_\_\_

\* A.T. Still University of Health Sciences does not discriminate on the basis of race, color, religion, national origin, sex, sexual preference, age or disability, or status as a Vietnam-era veteran in admission and access to, or treatment and employment in its programs and activities. Such information on the application form is requested solely for the purpose of gathering and reporting applicant flow data or to confirm information used to process the application.

**Please answer the following questions on a separate sheet. Limit your response to one page.**

12. What particular qualities would you bring to the program at Arizona School of Health Sciences? Provide a brief explanation of your personal goals and your motivation for applying to the Arizona School of Health Sciences in your field of interest.

13. Personal Comments: Explain any special circumstances regarding your application. If you answered "yes" to questions 4, 5, 6, or 7, explain fully.



14. Schools/Colleges Attended:

a. All Undergraduate Universities, Colleges, and Community Colleges Attended (list most recent first)

One official transcript from each college you have attended must be mailed directly from the institution to ATSU Admissions. Transcript(s) must be received before any action can be taken.

\*Please enter the College Code number by accessing [www.kcom.edu/admissns/ccode](http://www.kcom.edu/admissns/ccode).

College Code*	Institution	Campus/Location/State	Dates of Attendance	Degree and Date Degree Granted or Expected
_____	_____	_____	_____ to _____	_____
_____	_____	_____	_____ to _____	_____
_____	_____	_____	_____ to _____	_____
_____	_____	_____	_____ to _____	_____
_____	_____	_____	_____ to _____	_____
_____	_____	_____	_____ to _____	_____
_____	_____	_____	_____ to _____	_____
_____	_____	_____	_____ to _____	_____
_____	_____	_____	_____ to _____	_____
_____	_____	_____	_____ to _____	_____

b. All Graduate or Professional Schools Attended

College Code*	Institution	Campus/Location/State	Dates of Attendance	Degree and Date Degree Granted or Expected
_____	_____	_____	_____ to _____	_____
_____	_____	_____	_____ to _____	_____
_____	_____	_____	_____ to _____	_____
_____	_____	_____	_____ to _____	_____
_____	_____	_____	_____ to _____	_____
_____	_____	_____	_____ to _____	_____
_____	_____	_____	_____ to _____	_____

Note: Failure to list all institutions previously attended or degrees pursued may result in loss of credit and dismissal from the program. Also, if you were previously enrolled in a graduate program which was not completed, please provide a written statement explaining the reasons for noncompletion.

## STATEMENT OF PAST OR PENDING DISCIPLINARY ACTIONS

1. Have you ever been subject to revocation or suspension of a professional license or been censured, reprimanded, or placed on probation for reasons relating to professional competence or conduct by a state licensing authority? If yes, please explain.  
 Yes \_\_\_\_\_  
 No
2. Have you ever had disciplinary action taken against you by any professional society or professional association? If yes, please explain.  
 Yes \_\_\_\_\_  
 No
3. Have you ever been subject to disciplinary action for academic or other reason(s) in any colleges, universities, or graduate or professional schools you have attended? If yes, please explain.  
 Yes \_\_\_\_\_  
 No
4. Are there any disciplinary charges pending or expected to be brought against you? If yes, please explain.  
 Yes \_\_\_\_\_  
 No
5. Is there any information that is relevant to your ability to complete the ATSU-Arizona School of Health Sciences program and be eligible for licensure or employment that the College should consider? If yes, please explain.  
 Yes \_\_\_\_\_  
 No

I certify that all the statements made in this application are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I know and understand that any or all items contained herein may be subject to verification, and I consent to the full release of all information concerning my capacity and fitness for the educational program by employers, educational institutions, and other agencies. Furthermore, by submitting this application, I agree to abide by the policies and procedures as established in the College catalog, a copy of which is available on the web.

\_\_\_\_\_  
Please sign

\_\_\_\_\_  
Date

**NOTICE OF NONDISCRIMINATION:** A.T. Still University of Health Sciences does not discriminate on the basis of race, color, religion, national origin, sex, sexual orientation, age, disability, or status as a Vietnam-era veteran in admission and access to, or treatment and employment in its programs and activities. Any person having inquiries concerning ATSU's compliance with the regulations implementing Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Americans With Disabilities Act of 1990, or other civil rights laws should contact the Director of Human Resources, 800 West Jefferson Street, Kirksville, Missouri 63501 (telephone: 660.626.2790). Any person may also contact the Assistant Secretary for Civil Rights, U.S. Department of Education.

**For Office Use Only**

Student ID: \_\_\_\_\_

**Audiology Program  
APPLICATION FEE  
Credit Card Payment Form**

**(Please Print)**

Program:     *Au.D. Entry Level*             *Au.D. Transitional*

Applicant's Name \_\_\_\_\_

Credit Card Type:     Visa             Mastercard             Discover             American Express

Credit Card Number \_\_\_\_\_ Credit Card Expiration \_\_\_\_\_

CID# \_\_\_\_\_

Card Holder's Name (as it appears on credit card) \_\_\_\_\_

Card Holder's Address \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Card Holder's Telephone \_\_\_\_\_

**Amount: \$60**

I, as the credit card holder referenced above, agree to pay an application fee in the amount of \$60 to the Arizona School of Health Sciences. I further agree to have my credit card charged in the stated amount for consideration of the application by said institution and to abide by the credit contract with my credit card issuer.

I understand that this fee is non-refundable in the event that the applicant cancels their application to the Arizona School of Health Sciences.

Card Holder's Signature: \_\_\_\_\_ Date \_\_\_\_\_

**For Office Use Only**

Authorization Number: \_\_\_\_\_

Batch Number: \_\_\_\_\_