Kettering College of Medical Arts

Kettering Medical Center

application

3737 Southern Boulevard | Kettering, OH 45429 | www.kcma.edu | 800.433.5262

How to Apply for Admission to the College

1

Complete all items on the application in ink and submit it to the Admissions Office with a $25 application fee. *Please make checks payable to : Kettering College of Medical Arts (KCMA).*

2

Request official transcripts from ALL educational institutions (high school and colleges/universities) attended or currently attending. Request cards are provided with this application packet. *Note: all transcripts sent to Kettering College must be received directly from the school you attended.* Transcripts cannot be hand-delivered.

3

Submit official ACT or SAT scores if you have graduated from high school within the last 5 years and have not attended college.

4

Complete the enclosed Student Personal Statement form and return it, with your application, to the Admissions office.

5

All students, except those receiving transfer credit for a math course that is equivalent to Kettering College's math requirement, must complete the Math Placement Test before your application for admission can be reviewed. Please refer to the *Academic Bulletin* for specific program admission requirements. Dates and information about reserving a spot for a future Math Placement Test session are available at www.KCMA.edu/MathPlacement.

Academic Bulletin

Kettering College's *Academic Bulletin* is now available in an online-only format. Please visit www.KCMA.edu/AcademicBulletin for more information.

Admission Options

Regular Admission—Applicants selecting this option are required to complete all admission requirements as listed above. If you are applying to a specific professional program, you may have to supply additional information as noted in the admission criteria for the program you have selected. Those criteria are published in *Academic Bulletin*.

Probationary Admission—This option may be offered to applicants who do not meet the minimum admission criteria; this status is granted at the discretion of the Admissions Committee.

Permission to Take Classes (PTC)—This option is for students who want to take courses for personal or professional enrichment, or for those who want or need to transfer to another college.

Post-secondary Enrollment Option (PSEO)—This option allows high school students to take college courses before graduating from secondary school. *Option A* is for students to receive only college credit; *Option B* is for students who want to receive both college and high school credit.

Financial Aid

Students who want to apply for financial aid or scholarships while they are studying at KCMA should refer to the College's "Financial Aid Handbook" for qualifications and deadlines. The FAFSA (Free Application for Federal Student Aid) applications are available after January 1 for the following school year.

Acceptance of Admission

The Admissions Committee meets regularly throughout the year for the purpose of reviewing applications. Once an applicant's file is complete, it will be reviewed at the committee's next regularly scheduled meeting, and each applicant will receive notification by letter of their decision. If you are accepted for admission to the college, you will receive an official Offer of Admission; you must then submit your Letter of Acceptance along with an acceptance deposit. A description of physical and psychological criteria necessary to ensure safe participation in KCMA's professional programs is available from the Student Services Office and is published in "The Student Handbook."

Housing

Residence hall space is available to those who request it. First preference will be given to students living outside a 50 mile radius of the College. All students requesting dormitory housing will be placed on a waiting list. Rooms are reserved for those students who are accepted and who submit a $75 deposit.

application for admission

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Personal Information

FULL LEGAL NAME

LAST FIRST MIDDLE MAIDEN

LAST 4 DIGITS OF SOCIAL SECURITY NUMBER

PERMANENT ADDRESS

STREET

CITY STATE ZIP

TEMPORARY ADDRESS

STREET

CITY STATE ZIP

PERMANENT PHONE NUMBER

TEMPORARY PHONE NUMBER

E-MAIL ADDRESS

TEMPORARY ADDRESS EFFECTIVE:

From / / To / /

Statistical Information

This section contains questions that are for government reporting only. Participation is optional.

DATE OF BIRTH

MONTH DAY YEAR

GENDER

○ MALE ○ FEMALE

MARITAL STATUS

○ SINGLE ○ MARRIED ○ DIVORCED ○ WIDOWED ○ WIDOWER

Will you apply for financial aid?

○ YES ○ NO

ETHNIC ORIGIN

○ BLACK / NON-HISPANIC
○ ASIAN OR PACIFIC ISLANDER
○ WHITE / NON-HISPANIC
○ AMERICAN INDIAN OR NATIVE ALASKAN
○ HISPANIC
○ OTHER _____

FIRST/NATIVE LANGUAGE

RELIGIOUS PREFERENCE
(specify denomination)

CITIZENSHIP ○ USA ○ CANADA ○ OTHER _____ VISA STATUS_____

Have you ever been convicted of a felony?

○ YES ○ NO

If yes, please provide details on a separate sheet. A conviction will not automatically disqualify an individual from admission to KCMA; however, it may prevent a graduate from taking certification/licensure examinations.

VETERAN OF U.S. ARMED FORCES ○ YES ○ NO

HOUSING PLANS ○ COMMUNITY ○ RESIDENCE HALL

Educational Background

Official transcripts of all educational experience are required and can be officially requested from the educational institution by submitting the attached postcards.

High School Attended	City	State	Date of Graduation MONTH/YEAR	or General Equivalency Diploma (GED)
				DATE OF ISSUE / SCORE

Name of all Colleges/Universities attended MOST RECENT FIRST	City	State	Dates Attended MONTH/YEAR – MONTH/YEAR	Degree if Completed

FOR OFFICE USE ONLY $25 Application Fee ○ Paid Date

Admission Status *Check as many as are applicable to you.*

- ◯ First Time Freshman (no previous college)
- ◯ Re-applying to KCMA

  DATE LAST ATTENDED _____

  UNDER WHAT NAME? _____
- ◯ Transfer Student (previous college experience)
- ◯ Permission to Take Classes (PTC) *Please skip to Non-Degree Section below.*
- ◯ Post-Secondary Enrollment Option (PSEO)

  FALL 20____ WINTER 20____ SUMMER 20____

Programs of Study

Associate of Science *If you wish to take prerequisites, please check both general education and your intended program including preferred start dates.*

◯ General Education

FALL 20____ WINTER 20____ SUMMER 20____

◯ Nursing

FALL 20____ WINTER 20____

◯ Respiratory Care

FALL 20____

◯ Nuclear Medicine Technology

FALL 20____

◯ Radiologic Technology

Prerequisite courses must be completed prior to entry into this program.

When do you want to start these prerequisites?

FALL 20____ WINTER 20____ SUMMER 20____

When do you want to start Radiologic Technology courses?

FALL 20____

◯ Medical Sonography

Prerequisite courses must be completed prior to entry into this program.

When do you want to start these prerequisites?

FALL 20____ WINTER 20____ SUMMER 20____

When do you want to start Medical Sonography courses?

FALL 20____

Bachelor of Science *Please check only one and specify start term year.*

◯ Human Biology

Please select intended track below.

____Pre-Med/Pre-Dental

____Pre-Physician Assistant

When is your start date?

FALL 20____ WINTER 20____ SUMMER 20____

◯ Health Care Professional Studies ❖

Applicants must have completed an associate's degree in an allied health profession prior to entry into program.

FALL 20____ WINTER 20____ SUMMER 20____

◯ Respiratory Care ❖

Applicants must have completed an associate's in Respiratory Care prior to entry into program.

FALL 20____ WINTER 20____ SUMMER 20____

◯ Advanced Imaging ❖

Applicants must complete a JRCERT Radiologic Technology program prior to entry into program.

◯ Cardiovascular/Interventional Technologies (CV)

FALL 20____ WINTER 20____

◯ Sectional Imaging Technologies (SI) - CT/MRI

FALL 20____ WINTER 20____

◯ Medical Sonography ❖

Applicants must be graduates of a sonography program accredited by the CAAHEP upon recommendation by the Joint Review Committee for Diagnostic Medical Sonography.

FALL 20____ WINTER 20____ SUMMER 20____

◯ Nursing ❖

Applicants must have completed an associate's degree or its equivalent in nursing.

FALL 20____ WINTER 20____ SUMMER 20____

❖ *denotes Bachelor's completion track.*

Master of Physician Assistant Studies *All PA applicants must apply to KCMA's program through CASPAonline.org, unless registered as a pre-PA student at Kettering College. Applicant must have a bachelor's degree, preferably in health sciences, or follow the PA track of the bachelor of science in human biology program.*

◯ Physician Assistant

When do you plan to enter the PA program?

SUMMER 20____

When do you plan to begin taking prerequisites?

FALL 20____ WINTER 20____ SUMMER 20____

Certificate *Applicants for the advanced imaging certificate programs listed below must have graduated from a JRCERT-accredited Radiologic Science program and be able to provide evidence of ARRT certification or examination eligibility.*

◯ Computerized Tomography FALL 20____ WINTER 20____

◯ Magnetic Resonance Imaging FALL 20____ WINTER 20____

◯ Cardiac Angiography FALL 20____ WINTER 20____

◯ General Angiography FALL 20____ WINTER 20____

Non-Degree Seeking *Permission to Take Classes (PTC) for individuals who wish to take courses for enrichment or transfer.*

FALL 20____ WINTER 20____ SUMMER 20____

Consent

Kettering College of Medical Arts, chartered by the Seventh-day Adventist Church and a division of Kettering Medical Center, welcomes individuals from all backgrounds who respect a Christian way of life. Students, faculty, and staff share in the commitment to uphold the Christian philosophy and policies of the college. A description of the college's mission statement and statement of purpose can be found in the *Academic Bulletin*.

I certify that, to the best of my knowledge, the statement made in the application form and all subsequent forms are correct. I also understand withholding information or giving false information in any part of my application form may make me ineligible for admission or may later subject me to dismissal.

SIGNATURE OF APPLICANT _____ DATE _____

◯ $25 Application fee enclosed

student personal statement

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NAME	LAST 4 DIGITS OF SOCIAL SECURITY NUMBER
DATE	

Please answer the following questions, each in 150 words or less. Please write or print legibly. Your essays will be evaluated on:

A

Your ability to write—Do the essays make sense? Do they flow logically? Are the sentences complete and the grammar correct?

B

Content—Do the essays coherently answer the questions? Do they provide the admissions committee readers with a window into knowing you better? Are your ideas and beliefs compatible with the objectives of Kettering College of Medical Arts?

Question #1

How do you measure success? What have you specifically done to try to reach your own measures of success?

Please turn the page over to answer question #2.

Question #2

Because Kettering College of Medical Arts values Christian faith-based education, our students will be exposed to Christian teachings and values in the classroom and assemblies. In what ways, if any, does your relationship with God influence how you think about the following statement: "Kettering College of Medical Arts desires that its graduates understand their profession as a call to serve others, not just a livelihood"?

Please return this completed form with your application to the Admissions Office at Kettering College of Medical Arts.