

## Doctorate of Health Sciences

### *Application for Admission*

#### HOW TO APPLY FOR ADMISSION

**Step 1** Complete the enclosed **Application for Admission form** and accompanying documents and return with a non-refundable \$60 processing fee. Credit/debit card, check or money order made payable to “A.T. Still University” must accompany the application. Only U.S. currency will be accepted. The application, all supporting documents, and fee must be received by the application deadline.

Return the completed applications by facsimile or mail to:

Online Admissions  
A.T. Still University  
5845 East Still Circle, Suite 213  
Mesa, Arizona 85206-3618  
United States  
Fax: 480-393-0934

**Step 2** All official transcripts from the college or university that granted your Bachelor’s and Master’s degrees or equivalent must be provided to the Online Admissions Office. If you have an official copy of your transcript dated within the last year available in a sealed, endorsed envelope, please mail it to the address above under separate cover. Transcripts from additional post-professional or graduate coursework must also be received by Online Admissions in order to award any advanced credits.

**Step 3** Please complete the form titled **Provisional Student Financial Plan**. This page is required for admissions into the program. Please mark all payment options you will be using to pay for your classes with ATSU. You must choose a primary form of payment on this form.

**Step 4** Submit a **Resume** detailing your personal information, employment, educational background, volunteer experiences, honors, awards, and professional certifications. You may use the MS word resume wizard to create a resume if your resume is not up-to-date.

**Step 5** Submit the names of three professional references and send each referee a **Reference Letter Request form**.

**Step 6** Submit copies of any applicable licenses.

**Step 7 Technology Requirement Form** is required for all students and is included in this package. This will outline the minimum requirements for the DHSc program. You must sign the form and return with the other application materials. You will not be allowed to begin courses without this document. If you have questions, please contact your advisor.

**Step 8 ADP** – You are required to fill out and sign the **Academic Degree Plan (ADP)** for your program of study. This document can be emailed, faxed, or mailed to us. Your application will not be complete without this document. This document will be used to register you in your courses and for billing purposes. No changes may be made to this document without the consent of the Director of the DHSc program.

If you have any questions, please contact your graduate Online enrolment counselor at ATSU Online Admissions (877) 469-2878, or if outside the US (480) 219-6118.

# Doctor of Health Sciences (DHSc.) APPLICATION FOR ADMISSION

1. I am applying to the following program:

DHSc

A. Please indicate which quarter/year you are interested in starting the program:

Fall

Spring      Year \_\_\_\_

B. Please indicate your area of concentration (must choose one):

Global Health

Leadership and Organizational Behavior

Advanced Physician Assistant Studies

2. Legal Name

\_\_\_\_\_

Last

First

Middle

Do you have educational materials under another name? If yes, please list name/names.

Yes \_\_\_\_\_

No

3. Current Address

\_\_\_\_\_

Street

\_\_\_\_\_

City

State

Zip

4. Home Telephone (\_\_\_\_) \_\_\_\_\_ Work Telephone (\_\_\_\_) \_\_\_\_\_

Other Telephone (\_\_\_\_) \_\_\_\_\_

5. Social Security Number \_\_\_\_\_

6. E-Mail Address \_\_\_\_\_

7. Secondary Email Address: \_\_\_\_\_

8.\* Birth Date\* \_\_\_\_/\_\_\_\_/\_\_\_\_  
                  month      day      year

9. Gender\*  Male  Female

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10. Please provide the names of three professional references. All referees must send letters of reference directly to the ATSU Online Admissions

Referee #1.

Name:

\_\_\_\_\_

First

Middle

Last

Title: \_\_\_\_\_ Phone #: \_\_\_\_\_

Referee #2.

Name:

\_\_\_\_\_

First

Middle

Last

Title: \_\_\_\_\_ Phone #: \_\_\_\_\_

Referee #3.

Name:

\_\_\_\_\_

First

Middle

Last

Title: \_\_\_\_\_ Phone #: \_\_\_\_\_

I authorize the school to contact these references:

\_\_\_\_\_

Applicant's signature

\_\_\_\_\_

Date

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

If yes, year: \_\_\_\_\_ Program/School \_\_\_\_\_

12. Current Occupation \_\_\_\_\_

How would you classify your current position?

- Academia
- Administration
- Clinical
- Research
- Other: \_\_\_\_\_

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

\_\_\_\_\_

\*14. Date and type of discharge

\_\_\_\_\_

\*15. Were you ever the recipient of any action for unacceptable conduct violations? (e.g. dismissal, suspension) from military service?  Yes  No

Please explain if answer  
is "Yes" \_\_\_\_\_

\*16. Have you ever voluntarily withdrawn from a health professions program?  Yes  No

\*17. Have you ever been convicted of a misdemeanor or felony (exclude parking violations)?  Yes  No

#### STATEMENT OF PAST OR PENDING DISCIPLINARY ACTIONS

18. 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

19. Have you ever had disciplinary action taken against you by any professional society or professional association? If yes, please explain.

Yes \_\_\_\_\_

No

20. 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

21. Are there any disciplinary charges pending or expected to be brought against you? If yes, please explain.

Yes \_\_\_\_\_

No

22. Is there any information that is relevant to your ability to complete the Arizona School of Health Sciences program and be eligible for licensure or employment that the College should consider? If yes, please explain.

Yes \_\_\_\_\_

No

#### DEMOGRAPHIC INFORMATION

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

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

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

\_\_\_\_\_

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

\_\_\_\_\_

24a. Designate Your Ethnicity (Optional):

Hispanic or Latino Yes \_\_\_ No \_\_\_

24b. Indicate one or more Races of the following that apply (Optional):

American Indian or Alaska Native \_\_\_

Asian \_\_\_

Black or African American \_\_\_

Native Hawaiian or Other Pacific Islander \_\_\_

White \_\_

\* The Arizona School of Health Sciences, a School of the A. T. Still University, does not discriminate on the basis of race, color, religion, national origin, sex, gender, sexual preference, age or handicap. 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.

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All students are required to demonstrate proficiency in English when applying to the Arizona School of Health Sciences, A.T Still University.

Written and spoken proficiency in the English language may be demonstrated by one of the following options. Please mark the appropriate section for the option by which you will demonstrate this. **Please select only ONE option:**

**Option 1**

English is my primary spoken language

**OR**

**Option 2**

I have successfully completed one of the following from a university located in the United States or in another country in which English is the spoken language and the medium of instruction

- A minimum of two years of full-time higher education study
- A Bachelor's degree or higher degree.

**OR**

**Option 3**

I am demonstrating my English proficiency by submitting acceptable scores on the Test of English as a Foreign Language (TOEFL).

Acceptable minimal scores for ASHS applicants are:

Paper based = 550

Computer based = 213

Internet based = 80.

Please be sure to include a copy of your TOEFL report when you submit your application packet if you select option 3.

### Schools/Colleges Attended

A. Transcript requirement. An official transcript from the college or university that granted your Bachelors and Masters degrees or equivalent must be provided. If you have an official copy of your transcript available in a sealed, endorsed envelope, please mail it to the address above under separate cover. You may look up your College Code(s) on the following website: <http://www.fafsa.ed.gov/fotw0607/fslookup.htm>

B. List the undergraduate institution where your degree was granted.

College Code	Institution	Campus/Location/State	Dates of Attendance	Degree and Date Granted

C. List the graduate institution where your degree was granted.

College Code	Institution	Campus/Location/State	Dates of Attendance	Degree and Date Granted

D. List all Certificates of relevancy to your application. List all in order of completion.

Certificate Earned	Expiration	Location/State	Date of Completion

Note: Failure to list all degree granting institutions previously attended may result in loss of credit and dismissal from the program.

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.

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Signature of Applicant

Date

NOTICE OF NONDISCRIMINATION : Arizona School of Health Sciences, a School of A. T. Still University, does not discriminate on the basis of race, color, religion, national origin, sex, gender, sexual preference, age or handicap in admission or access to, or treatment or employment in, its programs and activities. Any person having inquiries concerning Arizona School of Health Sciences compliance with the regulations implementing Title VI, Title IX, Section 504, or Section 503 is directed to contact the Director of Human Resources, Donna Brown, 800 West Jefferson Street, Kirksville, MO 63501 (telephone: 660-626-2790). The Director of Human Resources has been designated by A. T. Still University to coordinate the institution's efforts to comply with the regulations implementing Title V I , Title IX, Section 504, or Section 503. Any person may also contact the Assistant Secretary for Civil Rights, U.S. Department of Education, regarding the institution's compliance with the regulations implementing Title VI, Title IX, Section 504 or Section 503.

**Doctor of Health Sciences  
Application Fee Payment Form**

\$60 Application Fee    Check or Money Order    Credit Card

The application fee is non-refundable. Please do not use staples or special binding to secure any part of this application. For payments by check or money order, please forward payment to Online Admissions, A.T. Still University, 5845 East Still Circle Suite 213, Mesa Arizona 85206-3618, United States.

(Please Print)

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

Credit Card Type:  Visa    Mastercard    Discover    American Express

Credit Card Number: \_\_\_\_\_ Credit Card

Expiration: \_\_\_\_\_

CID number \_\_\_\_\_ (Three digit number on the back of the card last three digits on magnetic strip).

Card Holder's Name as it Appears on Credit  
Card: \_\_\_\_\_

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

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

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

Amount: \$60.00

I, as the credit card holder referenced above, agree to pay an application fee in the amount of \$60 to A.T. Still University. 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 or is not granted acceptance to A.T. Still University.

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

Date \_\_\_\_\_

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## Provisional Student Financial Plan

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

Employer: \_\_\_\_\_

Military Status (If Any): \_\_\_\_\_

Your responses on this form will be provided to the A. T. Still University Office of Financial Assistance and will assist us in responding properly to your ongoing financial assistance requirements. If you have questions regarding specific Financial Assistance topics, you may contact the Office of Financial Assistance at (toll-free) 866-626-2878 Ex. 2529 or [financialaid@atsu.edu](mailto:financialaid@atsu.edu) or may fax materials to 660-626-2926.

### ANTICIPATED FINANCIAL ARRANGEMENTS

Circle one or more planned payment methods.

All responses are subject to eligibility, application, and satisfaction of all requirements.

Personal Funding:	Primary	Secondary
Federal Financial Aid:	Primary	Secondary
Military Tuition Assistance	Primary	Secondary
Corporate Tuition Reimbursement	Primary	Secondary
Corporate Direct Bill	Primary	Secondary
Other _____	Primary	Secondary

### FEDERAL FINANCIAL AID APPLICATION STATUS

Circle appropriate requests.

Please indicate the status of your application for Federal Financial Aid, if any.

Intend to Utilize Federal Financial Aid:	Yes	No	Undecided
FAFSA PIN Application Complete:	Yes	No	
FAFSA Complete:	Yes	No	
FAFSA Released to A.T. Still University:	Yes	No	

## **Doctor of Health Sciences Technology Requirement Form**

Windows-based computer:

- Pentium IV or better
- Ethernet/Modem adapter
- 1.0 MB of RAM
- 80GB hard disk
- CD-R/DVD combo drive
- Windows XP or Vista
- Office 2000 or higher (Word, PowerPoint, Excel)
- Microsoft Internet Explorer 7.
- Internet access via personal Internet Service Provider (ISP) Broadband highly recommended
- Personal printer

Macintosh-based computer:

- Minimum G5 microprocessor or any Intel (1.0MHz or better)
- Ethernet/Modem adapter
- Minimum 1 GB of RAM
- Minimum 80GB hard disk
- CD-R/DVD combo drive
- OSX 10.4 or higher
- Office 2004 or OfficeX (Word, PowerPoint, Excel)
- Safari Version 2 or higher
- Internet access via personal Internet Service Provider (ISP) Broadband highly recommended
- Personal printer

I understand I am responsible for providing a computer, which meets the specifications above, prior to enrollment.

Program DHSc

Printed Name \_\_\_\_\_

Signed Name \_\_\_\_\_

Date \_\_\_\_\_

## **REFERENCE LETTER REQUEST**

### **For Application to the Doctor of Health Sciences Program**

Arizona School of Health Sciences  
A.T. Still University  
5845 East Still Circle, Suite 213  
Mesa, Arizona 85206-3618  
United States

*This information is collected to evaluate the applicant for admission to the Doctor of Health Sciences program. Please assist the selection committee by providing an evaluation of the applicant's merits and shortcomings.*

#### **Reference Request For:**

*Applicant's Name:*

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Last Name

First Name

Middle Name

*Referee: Please send or fax the completed reference to the address below.*

Online Admissions  
A.T. Still University  
5845 East Still Circle, Suite 213  
Mesa, Arizona 85206-3618  
United States  
Fax: 480-393-0934

#### **ATTENTION:**

Do NOT return this form to the applicant.  
It must be sent directly to the university.



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1. **Academic ability and record** (applicant's general knowledge of the field, or, where appropriate, background preparation in both course work and previous research)
  
  2. **Research ability and record** (applicant's originality and ability to synthesize and analyze ideas, quality of any research, ability to discuss critically and express ideas, clearly)
  
  3. **Teaching and language ability** (applicant's teaching ability as revealed in any instructional role such as the presentation of reports or seminars, and speaking ability. If English is not the applicant's first language, some comment on his/her proficiency in English would be appreciated)
  
  4. **Professional experience and skill** (pertinent strengths and weaknesses)

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<b>Please rank the applicant as a candidate for the Doctor of Health Sciences</b>	
<input type="checkbox"/> Highly Recommended <input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended <input type="checkbox"/> Unable to judge	
<i>Name of Referee (Please Print/Type)</i>	<i>E-mail address</i>
<i>Position and Department</i>	<i>Institution</i>
<b>Address</b>	<i>Telephone</i> <i>Fax Number</i>
<b>Signature of Referee</b>	<i>Date</i>