

Have you been convicted of a crime or criminal offense, other than a minor traffic violation? Yes___ No____

If yes, the nature of the conviction:

How did you find out about the Henry Ford Hospital Medical Sonography Program?

Education and Professional Data

List the schools you have attended beginning with the highest level attained.
For High School/GED information, do not include the dates attended.

School name: _____

Street Address: _____

City, State, Country and Zip Code: _____

Diploma received: Yes____ No____

Dates attended: _____ to _____

Degree type: _____

Major: _____

School name: _____

Street Address: _____

City, State, Country and Zip Code: _____

Diploma received: Yes____ No____

Dates attended: _____ to _____

Degree type: _____

Major: _____

School name: _____

Street Address: _____

City, State, Country and Zip Code: _____

Diploma received: Yes____ No____

Dates attended: _____ to _____

Degree type: _____

Major: _____

Employment History

List all employers, beginning with your present or most recent, and include job related, volunteer, and temporary experience.

May we contact your current employer for a reference? Yes _____ No _____

Company name: _____

Street Address: _____

City, State, Country, Zip code: _____

Dates of employment: _____ to _____

Your title: _____

Department: _____

Supervisor's name: _____ Title: _____

Phone: _____

Company name: _____

Street Address: _____

City, State, Country, Zip code: _____

Dates of employment: _____ to _____

Your title: _____

Department: _____

Supervisor's name: _____ Title: _____

Phone: _____

Company name: _____

Street Address: _____

City, State, Country, Zip code: _____

Dates of employment: _____ to _____

Your title: _____

Department: _____

Supervisor's name: _____ Title: _____

Phone: _____

Company name: _____

Street Address: _____

City, State, Country, Zip code: _____

Dates of employment: _____ to _____

Your title: _____

Department: _____

Supervisor's name: _____ Title: _____
Phone: _____

You are welcome to attach a resume to this application.

I hereby certify that the information provided by me on this form as well as the statements made by me in connection with my application to the program are true. I authorize Henry Ford Health System or its designated agents to investigate my statements for accuracy. I understand and agree that if any of the information or statements prove to be false, misleading, or incomplete, it will prevent me from being admitted in to the program, or if admitted, it will be grounds for my termination from the program. I further declare that I am not using any illegal drug and do not engage in improper self-medication. In accordance with the policies and procedures, I understand that if accepted into the program by Henry Ford Health System,, I may be subject to medical testing for drug and alcohol use, and that positive medical test(s) may disqualify me from the Program with Henry Ford Health System.

Signature

Date

The Henry Ford Hospital Diagnostic Medical Sonography Program is an equal opportunity program.

Forward this form to:

M. Moffatt

Ultrasound Division

Radiology Department, WC-370

Henry Ford Hospital

2799 West Grand Boulevard

Detroit, Michigan 48202-2689

Checklist for application process

All Materials are to be mailed by the candidate in one envelope.

All material must be submitted no later that April 1, 2010

___ Completed application form

___ Proof of a college degree; or of graduation from an Allied Health Program which was at least two years in duration

___ 1-2 page statement of why you are choosing Sonography as a profession

___ Official High School or GED transcript: 2.0 GPA or above, required.

___ Official college transcript(s)*: 3.0 GPA or above, required.

___ Official Allied Health program transcript(s), if programs were attended. 3.0 GPA or above, required

___ Two typed letters of recommendation, on letterhead stationary, from teachers, program directors, managers, or physicians who supervised your work

___ Documentation of completion of:

___ College Algebra – 2 semesters

___ College Anatomy and Physiology – 2 semester course

___ College Physics

___ Medical Terminology

___ English Composition

Courses must have been taken in the previous 10 years and must be completed by the end of the winter term, 2010.

___ Documentation of a minimum of 40 hours of patient care experience, at least 20 hours which must have been in the Radiology / Ultrasound division

___ Proof of licensing/registration, if an RT, RN, etc.