

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 HFH 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: _____

Note: **Official** copies – sent by the school(s) of all educational transcripts **must** be submitted prior to January 15. Prerequisite courses must be completed by January 15.

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 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 proves 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, MI 48202-2689

Checklist for application process

ALL MATERIALS ARE TO BE MAILED
BY THE CANDIDATE IN ONE
ENVELOPE.

All materials must be submitted no later than April 1.

- _____ Completed application form

- _____ Proof of a college degree or of graduation from an allied health program which was at least two years in duration

- _____ One to two 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 – two semesters
 - _____ College anatomy and physiology – two 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 /spring term).

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

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