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Revised February 2017

*Henry Ford Hospital*  
**Diagnostic Medical Sonography Program**

Application for Admission

Do not complete this form until you have read the Admission Standards statement. Additional documentation, such as transcripts and letters of recommendation, and an interview, are required.

Starting date is January 8, 2019 (deadline for this form is 8/31/2018)

Name: \_\_\_\_\_  
Last First Middle initial

Other Names Used: \_\_\_\_\_

Permanent address: \_\_\_\_\_  
Street

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City State Postal code *email address (if you have one)*

Telephone: residence, ( ) \_\_\_\_\_ work, ( ) \_\_\_\_\_

Person to be notified in case of emergency (other than person(s) living at the same address): \_\_\_\_\_  
Name Phone

Do you have the legal right to work in the United States? \_\_\_\_ Yes \_\_\_\_no

Will you be over 18 years of age by the date of entry into the course?  
\_\_\_\_ Yes \_\_\_\_no

Have you previously been accepted by, or enrolled, in a Medical Sonography Educational program: \_\_\_\_ yes \_\_\_\_ no

If yes, state when, where, and why you did not complete the program:

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[Type here]

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 August 31<sup>st</sup>, 2018.

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## 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.*

[Type here]

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.

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(legible) Signature

Date

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

Forward this form to:

Elena Gainey, MD, RDMS, RVT  
*Ultrasound Division*  
Radiology Department, WC-370  
Henry Ford Hospital  
2799 West Grand Boulevard  
Detroit, Michigan 48202-2689

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## **Henry Ford Hospital School of Diagnostic Medical Sonography Technical Standards Survey 2017-2019**

All applicants to the School of Diagnostic Medical Sonography are notified of the minimum requirements appropriate to the profession of Sonography. The Americans with Disabilities Act (ADA) technical standards for the profession of diagnostic medical sonography include the ability to perform all of the following with reasonable accommodations:

- Lift more than 50 pound routinely
- Push and pull routinely
- Bend and stoop routinely
- Have full use of both hands, wrists and shoulders
- Distinguish audible sounds
- Adequately view sonograms, including color distinctions
- Work standing on their feet 80% of the time
- Read and comprehend relevant information in textbooks, medical records and professional literature
- Retain and apply information
- Measure, calculate, reason, analyze and synthesize complex information
- Organize and accurately perform the individual steps in a sonographic procedure in the proper sequence and within the required time frame
- Apply knowledge and learning to new situations and problem solving scenarios
- Manage heavy academic schedules and deadlines
- Perform in fast-paced clinical situations
- Able to remain calm and focused during instruction or performance of sonographic
- Interact compassionately and effectively with the sick or injured
- Assist patients on and off examining tables
- Organize and accurately perform the individual steps in a sonographic procedure in the proper sequence

Are you able to perform all of the technical standards identified above with reasonable accommodations?

YES \_\_\_\_\_ NO \_\_\_\_\_

[Type here]

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

All candidates have to sign the Technical Standards Survey prior to admission to the program.

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## Checklist for application process

All materials must be sent **together in one envelope** by the application deadline of 08/31/2018 to: **Elena Gainey MD, RDMS, RVT Radiology Department, Henry Ford Hospital, 2799 West Grand Blvd, Detroit Michigan 48202**

*Do not mail in the application unless you can check yes to each:*

1. Yes, no Completed application form
2. Yes, no Statement as to why you wish to choose sonography as a profession
3. Yes, no Official high school transcript/GED, with a minimum GPA of 2.0 (HS transcripts do not need to be sent if candidate's date of graduation is more than ten (10) years from date of application).
4. Yes, no Official college transcript(s) **including proof of a degree with a minimum GPA of 3.0**  
Foreign transcripts must be preevaluted by Educational Credential Evaluators, Inc <http://www.ece.org> or by [www.wes.org](http://www.wes.org)
5. Yes, no Official allied health program transcript(s), if such programs were attended. Minimum GPA of 3.0
6. Yes, no Two typed and signed letters of recommendation, on letterhead stationary, from individuals to whom you were professionally responsible (teachers, program directors, managers, or physicians)

Yes, no Documentation of completion of:

7. Yes, no Two semesters of college math, algebra, or trigonometry
8. Yes, no Human anatomy and physiology I & II with Lab
9. Yes, no Pathophysiology (human anatomy pathology)
10. Yes, no College physics (any level except astronomy)
11. Yes, no Medical terminology

[Type here]

- 12. Yes, no Medical ethics and law
- 13. Yes, no English or communication

All science courses must have been completed within the past five (5) years of application to the DMS program.

- 14. Yes, no Documentation of a minimum of 40 hours of observation of ultrasound examinations, to be completed no later 08/31/2018
- 15. Yes, no Proof of licensing/registration, if an RT, RN, or MA
- 16. Yes, no Application fee of \$50 (make check payable to Henry Ford Hospital)