



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, 2021 (deadline for this form is 8/31/2020).

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

Name: _____
Last First Middle initial

Other Names Used: _____

Permanent address:

_____ Street

City State Postal code

Email address: _____

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:

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:



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 31st, 2018.*



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, and Zip Code: _____

Dates of employment: _____ to _____

Your title: _____ Department: _____

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

Company name: _____

Street Address: _____

City, State, Country, and Zip Code: _____

Dates of employment: _____ to _____

Your title: _____ Department: _____

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

Company name: _____

Street Address: _____

City, State, Country, and Zip Code: _____

Dates of employment: _____ to _____

Your title: _____ Department: _____

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

Company name: _____

Street Address: _____

City, State, Country, and 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.

(legible) Signature

Date



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

Signature

Date

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



Checklist for Application Process

All materials must be sent together in one envelope by the application deadline of 08/31/2020 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:

YES	NO	ITEM NAME/DESCRIPTION
<input type="checkbox"/>	<input type="checkbox"/>	1. Completed application form
<input type="checkbox"/>	<input type="checkbox"/>	2. Statement as to why you wish to choose sonography as a profession
<input type="checkbox"/>	<input type="checkbox"/>	3. 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.
<input type="checkbox"/>	<input type="checkbox"/>	4. Official college transcript(s) including proof of a degree with a (minimum GPA of 3.0) Foreign transcripts must be preevaluated by Educational Credential Evaluators, Inc. http://www.ece.org or by www.wes.org
<input type="checkbox"/>	<input type="checkbox"/>	5. Official allied health program transcript, if such program were attended (minimum GPA of 3.0)
<input type="checkbox"/>	<input type="checkbox"/>	6. Two typed and signed letters of recommendation, on letterhead stationary, from individuals to whom you were professionally responsible (teachers, program directors, managers, or physicians)
<input type="checkbox"/>	<input type="checkbox"/>	7. Two semesters of college math, algebra, or trigonometry. (minimum GPA of 3.0)
<input type="checkbox"/>	<input type="checkbox"/>	8. Human anatomy and physiology I & II with Lab (minimum GPA of 3.0)
<input type="checkbox"/>	<input type="checkbox"/>	9. Pathophysiology (human anatomy pathology) (minimum GPA of 3.0)
<input type="checkbox"/>	<input type="checkbox"/>	10. College physics (any level except astronomy) (minimum GPA of 3.0)
<input type="checkbox"/>	<input type="checkbox"/>	11. Medical terminology Minimum GPA of 3.0
<input type="checkbox"/>	<input type="checkbox"/>	12. Medical ethics and law Minimum GPA of 3.0
<input type="checkbox"/>	<input type="checkbox"/>	13. English or communication Minimum GPA of 3.0
<input type="checkbox"/>	<input type="checkbox"/>	14. Yes, no Documentation of a minimum of 40 hours of observation of ultrasound examinations, to be completed no later 08/31/2020
<input type="checkbox"/>	<input type="checkbox"/>	15. Proof of licensing/registration, if an RT, RN, or MA
<input type="checkbox"/>	<input type="checkbox"/>	16. Application fee of \$60 (make check payable to Henry Ford Hospital)

All science courses must have been completed within the past ten (10) years of application to the DMS program.