

APPLICATION CHECKLIST

All Items Need to be Completed by the Application Deadline: August 14, 2026

CONTACT / MAILING ADDRESS FOR ALL DOCUMENTS

(MAIL WITH TRACKING or HAND DELIVER TO AVOID DELAYS)

Henry Ford Providence Southfield Hospital
School of Diagnostic Medical Sonography
Attention: Tracey Olldashi
16001 W. Nine Mile / Southfield, Michigan 48075
Phone: 248-849-5385 / Email: tolldas1@hfhs.org

- ☐ Review “Henry Ford Providence Southfield Hospital School of DMS 2027-2028 Program Booklet”
- ☐ Complete online application which includes “Technical Standards Survey”
(Student may apply any time after Jan 01, 2026 and as soon as student knows they are eligible)
- ☐ \$50 application fee (No Cash) Make check/money order/cashier check payable to:
“Henry Ford Providence Southfield Hospital” (must be received by application deadline)
- ☐ Official high school transcript (if graduated in the last 10 years)
- ☐ All official secondary transcripts (post-high school)
 - Preferred: Emailed directly to Program Director from college/university
 - Official transcripts will need to be re-submitted prior to the program start date if any specific course prerequisites were ongoing at the time of app. deadline.
 - Specific prerequisite courses taken more than 10 years ago will be reviewed by program officials to determine if review courses must be completed
(See page 10 of program booklet)
- ☐ Two (2) letters of confidential professional reference on company letterhead
 - Preferred: Emailed directly to Program Director from professional reference
 - Also acceptable to be sent in by applicant: MUST be in sealed envelope and the envelope must be signed by the professional reference along the seal
- ☐ 80 Hours of Patient Care Experience: Must be completed within the twelve months prior to the application deadline (between August 2025 – August 2026)
 - Direct patient care may be obtained at hospital or clinic through employment or observational volunteer time
 - Manager/supervisor should provide letter on company letterhead documenting the number of hours, job duties and dates in which hours were obtained
 - May be sent in by applicant, does not need to be in sealed envelope
- ☐ Personal letter of interest stating why you are interested in the sonography program
- ☐ Personal resume showing all pertinent job history (optional but highly recommended)