

**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.
The starting date is September 2026 and the deadline for this form is May 31, 2026.**

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

Preferred pronouns (optional): _____ 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 May 31, 2026.

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 2026-2028

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:

- Manage heavy academic schedules and deadlines
- Achieve an 80% or higher average for each didactic unit
- Perform in fast-paced clinical situations
- 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
- 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
- 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

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

☐ Yes ☐ No

Signature

Date

All candidates must 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 5/31/2026 to:

Elena Gainey MD, RDMS, RVT
Radiology Department, Henry Ford Hospital
2799 West Grand Blvd, Detroit, Michigan 48202

Do not mail in the application until you have all required materials.

Required Materials	YES	NO
1. A completed application form	☐	☐
2. Application fee of \$60. Make check payable to Henry Ford Hospital	☐	☐
3. A typed personal statement explaining why you wish to choose sonography as your profession	☐	☐
4. Two typed and signed letters of recommendation, written on official letterhead stationery, from individuals to whom you were professionally responsible (e.g. teachers, program directors, managers, or physicians)	☐	☐
5. Documentation of a minimum of 40 hours of observation in an ultrasound department, with at least 20 hours completed at Henry Ford Hospital Detroit	☐	☐
6. An official allied health program transcript with a minimum 3.0 GPA. This does not apply to all applicants.	☐	☐
If you answered Yes above: provide proof of licensing and/or registration (e.g. RT, RN, MA, etc)	☐	☐
7. Have you completed these prerequisite courses with a GPA of 3.0 or above?		
• Medical Terminology	☐	☐
• Medical Ethics & Law	☐	☐
• English or Communication	☐	☐
• College Physics – any level except Astronomy	☐	☐
• Anatomy and Physiology I & II, with Lab	☐	☐
• Pathophysiology – Human Anatomy Pathology	☐	☐
• Two semesters of college math – must include Algebra and Trigonometry (For OU students – must include Algebra and Statistics)	☐	☐
8. Are you an Oakland University or Concordia University student?	☐	☐
If you answered Yes above, do you have...		
9. Your official college transcript(s) with a GPA of 3.0 or above	☐	☐
10. A pre-graduation audit from Advising with proof of completed prerequisite classes	☐	☐
If you answered No above, do you have...		
11. Your official college transcript(s) with a GPA of 3.0 or above, and proof of completed prerequisite classes	☐	☐
12. Proof of your degree	☐	☐

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

Foreign transcripts must be pre-evaluated by Educational Credential Evaluators, Inc. www.ece.org or by World Education Services www.wes.org.