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 (cash or check) Make check/money order/cashier check payable to: "Henry Ford Providence 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
<u>Personal letter of interest:</u> Tell us what led you to apply to our program and why you are interested sonography
Personal resume showing all pertinent job history (optional but highly recommended)