

**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.

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(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

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

**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](http://www.ece.org) or by World Education Services [www.wes.org](http://www.wes.org).**