HARRISHEALTH

School of Diagnostic Medical Imaging Application

Choose your program

☐ Radiography ☐ Sonography ☐ Computed Tomography (CT) ☐ Magnetic Resonance Imaging (MRI)

Personal Information

Last Name | First Name | Middle Name

Permanent Mailing Address | Social Security Number

Home Phone | Mobile Phone | Other

Preferred Email Address:

Note: This email must be active and checked often for application and program updates. Add SDMI@harrishealth.org to your safe domain to avoid missing email communication from the program as junk. This is our main method of communication.

Primary E-mail

How did you hear about the School of Diagnostic Medical Imaging?

☐ Career/Job Fair ☐ Social Media *(Facebook, Instagram, etc.)*

☐ LinkedIn ☐ Friend/Family Referral - Name of person _____

Education and Training

College/University

Name of College or University | Address (Street, City, State, Zip)

Graduation Date or Years Attended | Major/Minor:

Name of College or University | Address (Street, City, State, Zip)

Graduation Date or Years Attended | Major/Minor:

Have you ever been convicted of, plead guilty or no contest (nolo contendere), or received deferred adjudication for any criminal offense (include misdemeanors and felonies)? *(Answering "Yes" will not automatically bar you from admission)*. ☐ Yes ☐ No

Applicant's Statement *(Please Read)*: I certify that the foregoing information is true and correct to the best of my knowledge. I understand that any misrepresentation or willful omission of the facts shall be cause for rejection of the application or for dismissal from the medical radiography program. I authorize the Harris Health System to verify my employment history, personal references, military information, and driving and police record to determine my eligibility for admission. I hereby understand and acknowledge that Harris Heath System makes no commitment of admission into the program by accepting this application. I understand and agree that as a condition of admission I will be required to pass a scheduled physical examination, which includes drug testing. I further agree to observe all rules, regulations and policies of the medical imaging school and the Harris Health System.

Signature | Date

If you have any questions, please contact the School of Diagnostic Medical Imaging at SDMI@harrishealth.org or call 346.426.1530.