

Dear Prospective Sonography Student,

Thank you for considering the Harris Health School of Diagnostic Medical Imaging Program. We are excited you have chosen to continue your education with us as you embark on a career in the exciting field of medical imaging. Our program has strong partnerships with Baylor College of Medicine and McGovern Medical School at UTHealth Houston. Our program graduates have a proven track record of successful employment within Harris County and its surrounding areas, as well as nationwide.

**Sonography Program admission requirements include:**

- Must be 18 years of age by July 1 of the year of application
- A U.S. citizen or permanent resident at the time of application
- Attend an information session. Registration is required.
- Capable of successfully performing tasks related to the occupation
  - ♦ **Patient preparation:** Prepare and assist patients for exams
  - ♦ **Equipment operation:** Operate and maintain ultrasound images
  - ♦ **Image acquisition:** Capture quality ultrasound images
  - ♦ **Patient care:** Provide comfort during exams
  - ♦ **Collaboration/communication:** Effectively communicate and work with healthcare professionals for diagnoses
- Official transcript from an accredited institution confirming the completion of at least an Associate's Degree with successful grades in the listed courses:
  - ♦ **Mathematics:** college algebra, statistics or higher course (3 or more credit hours)
  - ♦ **English/Communication:** English, speech, composition or related course (3 or more credit hours)
  - ♦ **Human Anatomy/Physiology:** (3 or more credit hours)
  - ♦ **Social Science:** psychology, sociology, or related course (3 or more credit hours)
  - ♦ **Physics:** elementary, college or higher (3 or more credit hours)
  - ♦ **Medical Terminology:** (certificate course/1 or more credit hours)
- Submit a completed application.

**Your application will be considered complete when we have received:**

- A completed application submitted via email to [SDMI@harrishealth.org](mailto:SDMI@harrishealth.org) or in person.
  - ♦ Complete and signed application
  - ♦ Official school transcripts
    - Must demonstrate a cumulative GPA of 2.5 or higher on a 4.0 scale
    - Must be from an accredited college or university. Alternative qualification includes graduation from an approved U.S. healthcare related program with licensure
    - Foreign transcripts must be evaluated for U.S. equivalency via Spantran Educational Services and World Education Consultants
  - ♦ \$75 application fee paid via credit/debit card at <https://hchdfoundation.org/schoolofdiagnostic>

Once your application meets our admission requirements, you will be contacted for an interview by the selection committee. If you have any questions or want to register for an information session, call 346-426-1530 or email [SDMI@harrishealth.org](mailto:SDMI@harrishealth.org).

We look forward to you joining the Harris Health family through our School of Diagnostic Medical Imaging.

# 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.