

School of Diagnostic Medical Imaging | 4800 Fournace Place, Bellaire, TX 77401  
Phone: 346-426-1530 | Email: [SDMI@harrishealth.org](mailto:SDMI@harrishealth.org)

Dear Prospective Radiography Student,

Thank you for your interest in the Harris Health School of Diagnostic Medical Imaging Radiography Program! We are excited that you have chosen to continue your education with us as you embark on a career in medical imaging. Our program boasts some of the best and brightest medical imaging professionals in the city of Houston and throughout the nation.

**Radiology Program admission requirements include:**

- 18 years of age by **September 1<sup>st</sup> of the year of application**
- A U.S. Citizen or permanent resident at the time of application
- Capable of successfully performing tasks related to the occupation:
  - Moving and positioning patients and x-ray equipment
  - Evaluating written instructions for radiographic procedures
  - Effectively communicating instructions to patients
- Official transcript demonstrating completion of at minimum an Associate's Degree with passing scores in the following courses:
  - Mathematics/Logical Reasoning (3 credit hours or more)
  - Written/Oral Communication (3 credit hours or more)
  - Human Anatomy/Physiology I – equivalent to BIOL 2301, 2401, 2404 (3 credit hours or more)
  - Arts & Humanities, Social/Behavioral Sciences and/or Information Systems (6 credit hours or more)
- A completed application package

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

- A completed application package submitted via email to [SDMI@harrishealth.org](mailto:SDMI@harrishealth.org) or in person.
  - Complete and signed application including the personal essay
  - Official school transcripts
    - Must demonstrate a cumulative GPA of 2.5 or higher on a 4.0 scale (**The highest GPA applications will be in top consideration**)
    - Must be from an institution accredited by an [agency ARRT recognizes](#)
    - Foreign transcripts must have academic credentials evaluated for US equivalency by an education consulting service acceptable to the [ARRT](#). An official copy of the evaluation should be sent in your application package. The evaluation must include a documented cumulative GPA of 2.5 or higher on a 4.0 scale.
- \$75 application fee paid via credit/debit card payable by phone or money order made out to: **HCHD-Foundation**
- Attend one (1) Information Session. Registration is required.

Once applicants meet the admission requirements, they will be contacted for an interview by the Selection Committee. If you have any questions or to register for an Information Session, please feel free to call us at 346-426-1530 or email at [SDMI@harrishealth.org](mailto:SDMI@harrishealth.org).

We look forward to you joining the 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

<b>Last Name</b>			
<b>First Name</b>			
<b>Middle Name</b>			
<b>Permanent Mailing Address</b>			
<b>Phone Number</b>			
<b>Home</b>			
<b>Mobile</b>			
<b>Other</b>			
<b>Preferred Email Address</b>			
<i>Note: This email must be active and checked often for application and program updates. Add <a href="mailto:SDMI@HarrisHealth">SDMI@HarrisHealth</a> to your safe domain to avoid missing email communication from the program as junk. This is our main method of communication.</i>			
<b>Primary Email</b>			
<b>Secondary Email</b>			
<b>Who referred you to the program? (First, Last Name)</b>			

## Education and Training

College/University			
<b>Name of College or University</b>			
<b>Address (Street, City, State, Zip)</b>			
<b>Graduation Date or Years Attended</b>		<b>Major/Minor</b>	
<b>Name of College or University</b>			
<b>Address (Street, City, State, Zip)</b>			
<b>Graduation Date or Years Attended</b>		<b>Major/Minor</b>	
<b>Name of College or University</b>			
<b>Address (Street, City, State, Zip)</b>			
<b>Graduation Date or Years Attended</b>		<b>Major/Minor</b>	

Graduate School			
Name of College or University			
Address (Street, City, State, Zip)			
Graduation Date or Years Attended		Major/Minor	

Business/Technical School			
Name of College or University			
Address (Street, City, State, Zip)			
Graduation Date or Years Attended		Major/Minor	

**Professional Licenses/Certifications**  
*(If applicable)*

Type of License			
License Number			
Date/Place of Issue		Expiration Date	
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Type of License			
License Number			
Date/Place of Issue		Expiration Date	
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Type of License			
License Number			
Date/Place of Issue		Expiration Date	

**SDMI PERSONAL ESSAY (REQUIRED)**

**Why are you choosing to pursue a career in medical imaging?**

*Please keep your essay between 500-600 words (typically two to three paragraphs).*

**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 Health 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.

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Signature

Date

If you have any questions, please contact Faye Vance at [faye.vance@harrishealth.org](mailto:faye.vance@harrishealth.org) or call 346-426-1530.

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