P.O. Box 66769, Houston, Texas 77266-6769

#### Dear Prospective Sonography Student,

Thank you for your interest in the Harris Health School of Diagnostic Medical Imaging Sonography 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 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.

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

## HARRISHEALTH

# **School of Diagnostic Medical Imaging Application**

Choose your program			
☐ Radiography	☐ Sonography	☐ Computed Tomography (CT)	☐ Magnetic Resonance Imaging (MRI)
Personal Informa	ntion		
Last Name First Name		Middle Name	
Permanent Mailing Address			Social Security Number
Home Phone	Mobile Phone		Other
	active and checked of	iten for application and program upda from the program as junk. This is our r	ntes. Add SDMI@harrishealth.org to your safe main method of communication.
Primary E-mail			
How did you hear abou	ıt the School of Diagn	ostic Medical Imaging?	
☐ Career/Job Fair	Career/Job Fair		
□ LinkedIn □ Friend/Family Referral - Name of person			
Education and Tra	aining		
		College/University	
Name of College or Uni	iversity	Address (Street, City	r, State, Zip)
Graduation Date or Yea	rs Attended	Major/Minor:	
Name of College or Uni	iversity	Address (Street, City	r, State, Zip)
Graduation Date or Yea	rs Attended	Major/Minor:	
•		or no contest (nolo contendere), or refelonies)? (Answering "Yes" will not au	
understand that any mi from the medical radiog military information, and that Harris Heath Systel agree that as a condition	srepresentation or will graphy program. I auth d driving and police re m makes no commitn on of admission I will k	ful omission of the facts shall be caus norize the Harris Health System to veri cord to determine my eligibility for ac nent of admission into the program be ne required to pass a scheduled phys	rue and correct to the best of my knowledge. I be for rejection of the application or for dismissal ify my employment history, personal references, dmission. I hereby understand and acknowledge by accepting this application. I understand and sical examination, which includes drug testing. In g school and the Harris Health System.
Signature			Date
If you have any questio or call 346.426.1530.	ns, please contact the	School of Diagnostic Medical Imagi	ng at SDMI@harrishealth.org