



The Johns Hopkins Hospital Schools of Medical Imaging
111 Market Place, Suite 830 Baltimore,
MD 21202

Diagnostic Medical Sonography Program Application

- 1) Please type or print legibly.
- 2) Send all application materials to the address above.
- 3) Attach a check or money order for \$40.00 payable to The Johns Hopkins Hospital.
- 4) Failure to answer any required section or failure to submit an application fee will be grounds to disqualify the applicant from consideration.
- 5) Request all post-high school transcripts to be sent to the address above.
- 6) Reference forms must be submitted in a sealed envelope with a signature across the seal.

Personal Data:

Name: _____
Last First Middle

Present Address: _____
Street Address

City State Zip Code

Permanent Address: _____
Street Address

City State Zip Code

Contacts:

Home: _____ Cell: _____ Work: _____

Is it acceptable to contact you at work? YES / NO

E-mail Address: _____

Are you a US citizen? YES / NO

If NO, do you have a Green Card? YES / NO

Education: *To be eligible for this program you must have a minimum of an associate's degree before June of the expected program start date or be currently enrolled in an affiliate program who will grant the degree immediately upon completion of this program.*

Which college or university granted you a degree? _____

Date degree received/expected (month/year): _____

If you are enrolled in an affiliated degree granting college or university, please indicate which one:

List colleges or professional schools attended with most recent first. If transcripts are under another name, please indicate that name. _____

College/Professional School & Location	Years Attended		Graduate		Degree/Diploma Awarded
	From	To	Yes	No	

List below all professional certifications and licenses (e.g. RT, RN, CNMT, RDMS, etc.)

License/Certification	Number	Effective Date

Place a checkmark below to indicate the prerequisite courses completed or indicate the semester in which you are enrolled or plan to enroll in the course. You must complete all prerequisite courses before June of the expected program start date.

Course	Complete	Enrolled Semester
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Human Anatomy and Physiology I with lab (4 credits)		
Human Anatomy and Physiology II with lab (4 credits)		
Physics for science/allied health majors with lab (4 credits)		
College Algebra or higher mathematics		
Medical Terminology (College level for credit)		
Psychology		
Statistics		
At least one of the following		
Public Speaking		
Speech and Communication		

Employment: Please list all employers for the last five (5) years beginning with the most recent.

Employer	Address	Position	From / To	Phone #
			/	
			/	
			/	
			/	
			/	
			/	
			/	

Describe any volunteer work you may have done (use an additional page if necessary).

Personal Statement Essay: On a separate document, please complete a Personal Statement Essay (500-750 words) indicating why you wish to pursue a career in the field of Diagnostic Medical Sonography.

Reference Forms: All applicants are required to submit two references in sealed envelopes with a signature across the seal. ONLY THE ATTACHED REFERENCE FORM WILL BE ACCEPTED.

Applicants must request a reference from a professor or instructor of one of your prerequisite science courses (Anatomy & Physiology is preferred) and a reference from your current employer.

****Applicants certified in a clinical healthcare specialty must request a reference from the program director of your training course and a reference from your current employer.*

Are you applying to other programs at The Johns Hopkins Schools of Medical Imaging? If so, please indicate which ones: _____

I hereby certify that the statements set forth in the above application are true and complete to the best of my knowledge. I understand that, if accepted, falsified statements on this application will be considered sufficient cause for dismissal from the program.

I also understand that admission into the Program implies my agreement to adhere to all hospital and Program policies and regulations.

If selected to the Program, I agree to submit to a background check and pre-employment physical, to include a drug screening, administered by the occupational health department of The Johns Hopkins Hospital prior to beginning classes.

SIGNATURE: _____ **DATE:** _____

Please tell us how you heard about the Diagnostic Medical Sonography Program at The Johns Hopkins Hospital Schools of Medical Imaging

Johns Hopkins and Facility, in conformity with all applicable laws, do not discriminate on the basis of race, color, religion, sex, sexual orientation, gender identity and expression, age genetic information, veteran status, disability, and national or ethnic origin. Johns Hopkins and Facility also actively pursue an Affirmative Action Plan designed to ensure full opportunities for women and members of minority groups in its work environment, Vietnam -era veterans, disabled veterans, and qualified individuals with disabilities.

January 2020



Recommendation Form – Diagnostic Medical Sonography Academic / Employer Reference

Part 1: This part to be completed by the applicant

Name: _____
Last First Middle

Address: _____
Street Address City State Zip

I hereby authorize the release of an evaluation to assist in the admission process by The Johns Hopkins Hospital Schools of Medical Imaging. I understand that such materials will be kept confidential, both from the public and me. I waive any right of access that I might have by law. I further understand that the Schools of Medical Imaging does not require that I sign this statement. I understand that the application will be reviewed without the waiver.

Signature: _____ Date: _____

Part 2: This part to be completed by the reviewer

Please make every attempt to complete this document in a timely fashion as it is an integral part of the applicant's packet. The application may be declined if this is not received by January 15. Please complete the evaluation candidly and carefully. Your professional opinion is an important part of the selection process. Once the form has been completed, please return the form in a sealed envelope with your signature across the flap of the envelope to the student or mail it directly to:

The Johns Hopkins Hospital
Schools of Medical Imaging
111 Market Place, Suite 830
Baltimore, MD 21202

Name of Referrer: _____

Title of Referrer: _____

How long have you known the applicant? _____ In

what capacity have you known the applicant? _____

Telephone: () _____ Email: _____

Please rate the applicant using the following scale

Criteria	Outstanding Top 5%	Above Average Top 25%	Average Top 50%	Below Average	No Opportunity To Observe
Ability to avoid and resolve conflict					
Ability to complete a task					
Academic ability					
Accepts constructive criticism and makes attempts to improve					
Attendance					
Attention to detail					
Coping skills in a stressful environment					
Judgment and maturity					
Leadership capability					
Morale booster vs. morale depressor					
Motivation					
Oral Communication					
Problem solving ability					
Quality of written expression					

Please add any remarks that you feel the admissions committee may find helpful. You may attach a separate paper if you choose.

What is your recommendation for the admission committee of the Schools of Medical Imaging?

- Strongest recommendation** **Recommend with confidence**
- Recommended**
- Recommend with reservation** **Not recommended**

Signature of referrer: _____ Date: _____

Thank you for your time and thoughtfulness in assisting in this applicant's admission process