

HENRY FORD HEALTH

Henry Ford St. John Hospital
School of Radiologic Technology

Dear Applicant:

Thank you for your inquiry into our Radiologic Technology program at Henry Ford St. John Hospital. To be considered for admission to the class beginning in September of 2026, completed application materials (this includes **all items** listed in the attached “Admission Requirements”) must be compiled by you, sent to the Program Director in **one envelope packet** and must be received by **February 1, 2026**. Separate mailings of application materials will not be accepted. **The applicant is responsible for ensuring that the application packet is complete.**

A **non-refundable \$40.00 application fee** must be included with your application. Check or money orders should be made payable to Henry Ford St. John Hospital.

Three official professional letters of recommendation are also required. These may be from school counselors, teachers, employers, etc. Letters of recommendation cannot be accepted from relatives, friends, or neighbors. **Official high school and all college transcripts must also be included in your one envelope packet.**

ACT scores are mandatory, regardless of your education status or age. If you have not taken the ACT, you must register at your local high school or college as soon as possible or online at www.actstudent.org. SAT scores will also be evaluated (minimum requirement equivalent to the ACT score 18).

A minimum Associate degree is required to apply to our program OR proof that you are enrolled in a college/university that we have an articulation agreement with. In addition, the following college courses (100 level or above) must be completed before February 1: Communications (English), Information Sciences (Computers), Algebra (not Introductory, Basic, or Pre.), Medical Terminology, and Anatomy & Physiology or Physical Science.

When all the required information is **received in one envelope packet** and all the above requirements are met, we may contact you in February to schedule an appointment for an interview.

An Admissions Committee is responsible for reviewing applications and selecting students. All qualified applicants are considered regardless of age, race, color, sexual orientation, gender identity, disability, height, weight, religion, genetic information, national origin, marital status, amnesty, and other legally protected status, or status as a covered, veteran in accordance with applicable state, federal and local laws. All accepted students will undergo criminal background checks, drug testing, and physical exam before admittance into the program at no cost to the student.

If accepted into our 24 consecutive month program, **tuition is \$6,000.00 (\$3,000.00 due each year)**. Students are responsible for their book expenses and online course fees (approximately \$1,500.00 total), a \$150/year record keeping fee, school supplies, and uniforms. We do not participate in Title IV Financial Aid.



Henry Ford St. John Hospital
School of Radiologic Technology

Applicant Check Sheet

This check sheet is for your use only to ensure you have everything included in your **one envelope** application packet.

- Completed** Application
- Three Official** Letters of Recommendation
- Official** High School Transcript
- Official** ACT or SAT Score (included on *most*, not all, high school transcripts)
 - Minimum ACT score of 18** or SAT score equivalent to an 18
- Official** College Transcripts (include all colleges attended)
- Proof of **Associate Degree** or higher (listed on your College transcript)
 - * If you do not have an Associate Degree or higher, Proof of current enrollment in a college or university that we have an **articulation agreement** with
- Completed Prerequisite Courses** (100 level or above):
 - Communications (English)
 - Information Sciences (Computers)
 - Algebra (not intro, basic or pre)
 - Medical Terminology
 - Anatomy and Physiology or Physical Science
- Application Fee** (non-refundable)
 - \$40.00 check or money order payable to *Henry Ford St. John Hospital*.

Once you've compiled everything above into **one envelope** packet, send your completed packet to:

Henry Ford St. John Hospital
School of Radiologic Technology
Attn: Denise Allen
22101 Moross Road
Detroit, MI 48236

Application packets are due by February 1st to be considered for the class starting in September of that year!

****Official documents must be sealed and either signed or stamped across the back by the school official or reference. Letters or transcripts that are not sealed or signed appropriately or appear to be tampered with will not be accepted.**

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Henry Ford St. John Hospital
 School of Radiologic Technology
 22101 Moross Road, Detroit, Michigan 48236
 (313) 343-4544

2026 Application for Admission

NAME	First	Middle	Last		
STREET ADDRESS					
CITY		STATE	ZIP CODE		
PREFERED TELEPHONE			Official Use Only		
LAST 4 OF SOCIAL SECURITY NUMBER					
EMAIL ADDRESS	(PRINT LEGIBLY – This is the primary communication method for the admissions process)				
PERSON TO BE NOTIFIED IN CASE OF EMERGENCY	Name:				
	Emergency Telephone Number:		Relationship:		
Have you ever been known by another name?	No	Yes	If Yes what name?		
Are you a citizen of the United States	No	Yes	If not, do you have a student visa permitting you to remain permanently in the US?	No	Yes
Have you ever had any previous training in radiography?			No	Yes	
Our standards for acceptance require a minimum of a two-year college degree conferred OR be currently enrolled in a school in which we have an articulation agreement with. I attest that I have an accredited and conferred: <ul style="list-style-type: none"> <input type="checkbox"/> Associate's degree <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Master's degree <input type="checkbox"/> Currently enrolled in a school with an articulation agreement 					
Institution Highest Degree was conferred or Currently enrolled school with an articulation agreement:	Name: City & State:	Dates of Attendance: _____ to _____ Month/Year Month/Year			

HIGH SCHOOL Diploma? Yes or No (Circle One)	Name:		Dates of Attendance:		
	City & State:		_____ to _____ Month/Year Month/Year		
PLEASE PROVIDE A LIST OF YOUR PREVIOUS EMPLOYERS, BEGINNING WITH THE MOST RECENT.					
Most Recent or Current Employer		Title Held	Years Employed From ---> To	Reason for Leaving or Currently Employed	
Second Most Recent Employer		Title Held	Years Employed From ---> To	Reason for Leaving or Currently Employed	
MILITARY SERVICE RECORD	Were/are you in the armed forces?		YES	If yes, what branch: Rank:	
			NO		
	Duties:				Dates of Service: _____ to _____ Month/Year Month/Year
	Citations and/or Awards:				
How did you hear about our School of Radiologic Technology? (Optional)					
Please describe any personal or work related experience that you have had dealing with ill patients or other health related experience.					
Please attach a paragraph about why you are interested in becoming a Radiologic Technologist. (Keep in mind that this is a written sample of your writing ability.)					
<i>Please read carefully before signing</i>					
I have included the required non-refundable \$40.00 application fee (check or money order made out to <i>Henry Ford St. John Hospital</i>). I certify that the answers, which appear on this application, are complete and true. I realize that falsification or omission of any information on this application or during an interview, receipt of a poor reference, an unsuccessful criminal background check, or failure to successfully complete a physical examination at any time, may be cause for my rejection or dismissal. If accepted, I agree to observe hospital and school rules and regulations at all times including submission to any physical examination and/or blood tests whenever required by Henry Ford St. John Hospital.					
Signature of Applicant			Date		
Signature of parent or legal guardian (if under 18)			Date		
<i>Student recruitment for the Henry Ford St. John Hospital School of Radiologic Technology is non-discriminatory with respect to age, race, color, sexual orientaion, gender identity, disability, height, weight, religion, genetic information, national origin, marital status, amnesty, and other legally protected status, or status as a covered, veteran in accordance with applicable state, federal and local laws.</i>					