

ASSOCIATE OF APPLIED SCIENCE - HEALTH INFORMATION TECHNOLOGY PROGRAM APPLICATION

**PLEASE PRINT (USE BLACK OR BLUE INK):**

**Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Social Security Number** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Student ID#** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Note: If no valid social security number, this application will be rejected.)**

**NAME**

 **Last First MI Maiden/Other**

**ADDRESS**

 **Number and Street Apartment Number**

 **City State Zip Code**

**PHONE**  Home  **Cell/Other**

**PERSONAL EMAIL**  **DATE OF BIRTH** \_\_\_\_\_\_\_\_\_

**In compliance with the Title VI Civil Rights Act 1964, please check one in each area.**

**SEX: \_\_\_ M \_\_\_ F RACE: \_\_\_ Asian/Pacific Island \_\_\_ Amer. Indian \_\_\_ Hispanic \_\_\_ White \_\_\_ Black \_\_\_ Other**

**In case of an emergency, notify**

 Name **Relationship Phone**

**HIGH SCHOOL GRADUATE?**  \_\_\_\_\_ **Yes** \_\_\_\_\_ **No GED?**  \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

**PREVIOUS COLLEGES/UNIVERSITIES:**

**LIST *ALL* PREVIOUS COLLEGES ATTENDED FOR ACADEMIC CREDIT. Current official transcripts must be submitted electronically to** **studenttranscripts@dallascollege.edu** **or mailed in a sealed envelope to Admissions-Brookhaven campus, 3939 Valley View Lane, Farmers Branch, TX 75244. (Transcripts from Dallas College campuses are not required.)**

Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dates attended from: \_\_\_\_\_\_\_ to: \_\_\_\_\_\_\_ Degree? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dates attended from: \_\_\_\_\_\_\_ to: \_\_\_\_\_\_\_ Degree? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dates attended from: \_\_\_\_\_\_\_ to: \_\_\_\_\_\_\_ Degree? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dates attended from: \_\_\_\_\_\_\_ to: \_\_\_\_\_\_\_ Degree? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Attach additional institutions on a separate sheet and include them in the application packet)

**I am submitting my application materials for admission to the Fall 20 \_\_\_\_\_\_\_\_\_\_\_ semester.**

**STATEMENT OF STUDENTS’ RESPONSIBILITY**

**Review and initial each section as verification that you have read and understand this information:**

 I acknowledge that this information packet contains policies, regulations, and procedures in existence at the time this publication went to press. I also acknowledge that Dallas College reserves the right to make changes at any time to reflect current Board policies, administrative regulations and procedures, and applicable State and Federal regulations. Furthermore, I understand that this packet is for information purposes only and does not constitute a contract, expressed or implied, between any applicant, student, or faculty member and Dallas College.

 I have read and understand the admission process for the Dallas College Health Information Technology AAS Degree program which is a competitive selection process with a limited number of spaces available. I understand that successful completion of prerequisite courses, required HESI A2 test sections, and submission of complete application packet materials does not guarantee acceptance to the Associate Degree Nursing program.

 I understand that I must submit all of my current official transcripts (**printed less than three years ago**) to

studenttranscripts@dallascollege.edu or mailed in a sealed envelope to Admissions Office, 3939 Valley View Lane,

Farmers Branch, TX 75244 prior to applying to a health sciences program and that failure to do so will void my application.

 I understand that in order to be considered a qualified applicant to the program, I must submit the official physical exam form and documentation of required immunizations, tuberculosis screening, and BLS – Basic Life Support CPR certification to SurScan prior to the program application deadline and receive notification from them that my records are complete at the application filing deadline for the program. I further understand that if my records are not complete by the application filing deadline, my application to the program will be disqualified.

 I accept full responsibility for submitting **a complete Health Information Technology AAS Degree application packet** prior to or by the designated application filing deadline and **understand incomplete materials will disqualify my application.** I also accept the responsibility of informing the Dallas College School of Health Sciences Health Information Technology Program of any change in my status, address, telephone number, or other information that would affect my application status.

 I acknowledge that if admitted to the **Health Information Technology AAS Degree** program, I will be assigned to clinical rotations at area healthcare facilities which may require additional proof of immunity or additional inoculations/immunizations**. I also acknowledge that I am required to have personal health care insurance coverage and submit documented proof either to SurScan with my immunization records or, if I am accepted to the program, by the first day of class for the program.**

 I am aware that if I am accepted to the program, I will be required to undergo a criminal background check as part of the application to the Health Information Technology AAS Degree program at my expense. I acknowledge that an additional criminal background check and mandatory drug screening will be requested prior to being allowed to attend a clinical rotation at my expense. I understand that the results of these screenings become the property of the School of Health Sciences and will not be released to me or any other third party. I also understand that the outcome of these screenings may result in my dismissal from the Dallas College Health Information Technology AAS Degree program.

 I understand that the DFW Hospital Council and Dallas College require all students completing clinical rotations at any DFW hospital to have an unexpired CPR Basic Life Support Certification throughout the duration of the clinical rotation assignment. I understand that a current copy of my CPR BSL Certificate must be provided to the HIT AAS Degree Program Director no later than one semester before registering for the HIT clinical course.

 I understand that the purpose of this program is to prepare me to be eligible to write the American Health Information Management Association (AHIMA) to sit for the Registered Health Information Technician (RHIT) certification exam. In order to be eligible to take the RHIT exam, I must hold an associate degree in Health Information Technology from a CAHIIM-accredited HIT Program.

 I affirm, agree, and/or understand that all statements on this form are true and accurate; any misrepresentation or omission of material or facts may result in the disqualification of my application to the **Health Information Technology AAS Degree** program.

 Print Name Signature Date

***Educational opportunities are offered by Dallas College without regard to race, color,***

***age, gender, national origin, religion, sex, disability, or sexual orientation.***

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