| SMCC ID #: |  |
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# APPLICATION FOR SELECTION TO THE HEALTH INFORMATION TECHNOLOGY PROGRAM

SOUTHWEST MISSISSIPPI COMMUNITY COLLEGE COLLEGE DRIVE SUMMIT, MS 39666

Office Phone Number: 601-276-2015 ~ Email Address: kartmann@smcc.edu

### Admission Requirements for the Health Information Technology Program:

- Completion of General Admission Requirements
- ❖ Health Information Technology program application
- ❖ ACT composite score of 18 or higher (or an equivalent score on the ACCUPLACER test).

#### **INSTRUCTIONS**

PERSONAL DATA

Social Security Number:

**EDUCATIONAL DATA** 

Name: \_\_\_\_\_

Address:

Complete this form (PLEASE TYPE OR PRINT) and return to:

KRISTY ARTMANN CARLISLE, MBA, RHIT, CCS Program Director, Health Information Technology Southwest Mississippi Community College Career Technical Education 1156 College Drive Summit, MS 39666

Method of Instruction (Choose ONE):

(This application is kept confidential.)

ACT Composite Score: \_\_\_\_\_

ATA On-Campus Program Online Program

LAST FIRST MIDDLE/MAIDEN

Street No./P.O. Box City State Zip

| -                    | ` **                     |   |
|----------------------|--------------------------|---|
| Home Phone Number: ( | ) Cell Phone Number: ( ) | _ |
| Date of Birth:       | Email Address:           |   |
|                      |                          |   |

(List all colleges and professional schools attended.)

| _ ·                              |                   |                       |
|----------------------------------|-------------------|-----------------------|
| Name of School, City, and State. | Did you graduate? | Dates attended:       |
|                                  | □ Yes □ No        | to                    |
|                                  | □ Yes □ No        | mo/year mo/year<br>to |
|                                  |                   | mo/year mo/year       |
|                                  | □ Yes □ No        | to                    |
|                                  | <del></del>       | mo/year mo/year       |

## INDIVIDUAL STUDENT DATA The following information is needed for counseling regarding licensure requirements. Do you have a history of alcohol or drug abuse? $\sqcap$ Yes $\sqcap$ No If yes, have you ever been rehabilitated? Have you ever been convicted of a misdemeanor or felony? □ Yes □ No If yes, explain. Individuals who have been convicted, pleaded guilty, or pleaded no contest to certain felony crimes may be unable to attend clinical training or obtain employment in a licensed healthcare facility in Mississippi. Professional Practice Experience (PPE) sites may require background checks, drug screens, two-step TB testing, and other applicable testing as required by the facility policies. By signing this application, you agree to these tests and the fees associated with the additional PPE facility requirements. **CERTIFICATION** I certify that the statements in this application are true and complete to the best of my knowledge, and that I have attended no institution other than those listed therein. I am aware that falsification of information is a basis for denying admission or for immediate termination of enrollment. Signature: \_ Date Students are admitted on a first come, first served basis of qualified applicants. For Administrative Use Only: **Date Application Received: Date of Interview: Date of Acceptance: Date of Denial:**

#### NON-DISCRIMINATION STATEMENT

**Program Director Signature:** 

Southwest Mississippi Community College does not discriminate on the basis of race, color, national origin, age, sex, religion, or disability in its programs, activities or employment practices. The following persons have been designated to handle inquiries and grievances regarding the non-discrimination policies: Mrs. Rhonda Gibson, Director of Disability Support Services, 601-276-3885; Dr. Blake Brewer, Vice President for Student Affairs and Title IX Coordinator, 601-276-3717; SMCC, 1156 College Drive, Summit, MS 39666.