Application Packet

Health Information Technology Program (AAS)
Applications are accepted through July 1, 2016.

Health Information Technology Program (Certificate)
Applications are accepted through July 1, 2016.

For an expanded version of this information, please visit our website at sheltonstate.edu. Click on Instructional Departments; Allied Health; Health Information Technology.

NOTE: All information contained in this application packet is subject to change without prior notice by the appropriate officials of Shelton State Community College.

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Minimum Admission Requirements for HIT Program (Fall 2016 Admission):
Only students who have met all the criteria and submitted all required paperwork by the deadline will be considered for admission.

1. Application deadline is July 1, 2016.
2. Official transcript(s) of all college work
3. Copy of current class schedule, if enrolled
4. An overall GPA of 2.0 on a 4.0 scale on all college work completed and 2.5 or higher on the required prerequisite general education courses
5. Completion of all prerequisite courses with a grade of C (70) or above: MTH 116 or higher math course, ENG 101, CIS 146, HIT 110, BIO 201, and BIO 202 NOTE: The BIO 202 grade must be current within the last five (5) years.
6. A copy of COMPASS or ACT reading score. NOTE: This score must be current within the last three (3) years. The Compass reading score must be 76 or higher. The ACT Reading Score must be 17 or higher.

Non-Discrimination Statement: It is the policy of the Alabama Community College System, including all postsecondary institutions under the control of the Alabama Community College Board of Trustees, that no person shall, on the grounds of race, color, disability, sex, religion, creed, national origin, or age, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program, activity, or employment.
1. The admission criteria is approved by the administration and faculty of the Health Information Technology program, and is in compliance with state and federal laws and regulations. Primary admission criteria include completion of prerequisite courses with a "C" (70) or better and possessing the minimum GPA for prerequisite courses. Secondary admission criteria will include completion of the other academic courses as required by the major.

2. Completed applications are reviewed by the Health Information Technology Admission Committee and primary and secondary admission criteria is assessed using a point system. Students with the highest total points will be admitted to the program.

3. Applicants will be notified by mail of admission status by July 15, 2016. Intent to enroll in the class beginning in August must be submitted as written confirmation and postmarked prior to the identified date in the notification letter of acceptance to the program.

4. All applicants admitted to the program will be required to submit a **health form** completed by their health care provider.

5. Applicants must submit proof of vaccinations which include the following:
   a. Hepatitis B Series or evidence of immunity
   b. MMR (German Measles, Mumps, Rubella) if born after 1957 or evidence of immunity
   c. Varicella immunity (immunization record or titer)
   d. Tetanus vaccination
   e. TB skin test

**NOTE:** Reliable transportation is necessary for travel to and from the required health facilities for Professional Practice Experiences (PPE). Applicants should plan ahead to ensure financial obligations associated with enrollment requirements of the program are met. Financial assistance and services are available at Shelton State Community College daily from 8:00 a.m. until 4:30 p.m. in the Office of Enrollment Services. For more information, call 205.391.2376.
# Health Information Technology Program

**APPLICATION FOR ADMISSION**

Check the one statement best describing your application request.  
____ I am applying for the Health Information Technology Program (AAS) Fall Admission.  
____ I am applying for the Health Information Technology Program (Certificate) Fall Admission.

## I. Personal Information  (Please Print)

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<th>Name</th>
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<th>First</th>
<th>Middle/Maiden</th>
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Social Security # _______ - _____ - _______ Student ID # __________________ Date of Birth ________________

Permanent Address:  
Street Address __________________________________________ City __________________ State ________ Zip ____________

Telephone ___________________ Cell Phone ___________ E-mail address ______________________

Are you currently employed? ______ Yes ______ No  Employed Full-time ______ Employed Part-time ______

Place of Employment:  
__________________________________________________________

Employer’s Address:  
__________________________________________________________

Job/Position/Title: __________________ Work Phone __________________

Emergency Contact:  
Name __________________________________ Phone ___________ Relationship ____________

*(Personal information will be used for statistical purposes ONLY and is not used as a part of the selection process.)*

## II. Academic Information

Are you currently enrolled as a student at Shelton State Community College?  
_______ Yes ________ No
If yes, please include a copy of your current schedule with your application.

If applicable, please list below the colleges/universities with degrees earned. The applicant must make sure all transcripts have been received by the Shelton State Office of Enrollment Services prior to the application deadline.
### III. Testing Information

Required COMPASS or ACT Placement Scores:

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<th>Score</th>
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<td>ALG:</td>
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<tr>
<td>ENG:</td>
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**Date Taken:** ________________

**Note:** Assessment must have been taken within the last three (3) years.

### IV. Work and Related Experience

**A. Work Experience:** List work experience (not just medically related.)

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<th>Place of Employment</th>
<th>Position</th>
<th>Hrs. per Week</th>
<th>Dates of Employment</th>
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**B. Prior Health Education:** Have you been enrolled in any health-related education programs prior to the time of this application? Yes _____ No _____ If yes, what type of program? ________________________________

Did you complete the program? Yes _____ No _____ If no, please explain why. ________________________________

### V. Eligibility for Credentialing Exam

The Commission on Accreditation of Health Informatics and Information Management Education (CAHIIM) is the accrediting organization for the accreditation of educational programs in health informatics and health information management. The College plans to make application and meet the standards to become accredited by CAHIIM. Only graduates of a CAHIIM accredited HIT program are eligible to take the national examination to become a Registered Health Information Technician (RHIT). CAHIIM is located at 233 N. Michigan Ave., 21st Floor, Chicago, IL 60601-5800, 312.233.1100.

### VI. General Information

**A. Weekend or non-traditional Professional Practice Experience (PPE) hours and educational / professional field trips may be required to complete course objectives. Are there reasons you cannot accept these requirements?**

Yes _____ No _____ If yes, please explain. ________________________________

**B. Health Information Technology students may be assigned coursework and/or PPE activities in facilities off campus and outside of Tuscaloosa. Will you have reliable transportation to the various facilities?**

Yes _____ No _____

**C. All students enrolled in the HIT program are required to submit to and pass a drug screen and a background**
check. Students are required to complete a pre-clinical drug screen. The students must have a negative screen prior to being assigned to a clinical agency. The complete drug screen policy is located in the HIT Program Student Handbook. Students are required to have a background check prior to assignment to clinical/lab rotations. All students must sign a release form for permission to perform a background check as required by federal law. The student must abide by the HIT program background check policy and clinical agency policy for which the student is assigned. Every effort will be made to provide students with the required clinical experiences to meet program objectives. Any student denied access by a clinical affiliate will be subject to dismissal from the program.

Are you willing to submit to and pay for the drug screen, background check, and random screening if required by clinical affiliate?  Yes _____  No _____

D. Have you read the tasks, knowledge, skills, and abilities requirements?  Yes _____  No _____

Are there any current or previous medical conditions, illnesses, or medications which may affect your ability to meet the demands stated in the section, “Essential Function Standards/Requirements?”

Yes _____  No _____  if yes, please explain why.__________________________________________________________

__________________________________________________________

NOTE: Additional information may be required during the selection process of new students. You will be contacted by a member of the Admission Committee if further information is needed.

I understand that completion of this application is a component of the admission process for the Health Information Technology program. I certify that the information given in this packet is true and correct. I understand that providing false information may be deemed sufficient reason to dismiss the student and/or refuse admission. Admission to the program is competitive, and the number of students is limited by the number of faculty, classroom/laboratory space, and clinical facilities available. Meeting minimal requirements does not guarantee acceptance.

________________________________________  ______________________
Signature of Applicant                          Date

Place all items in ONE ENVELOPE and mail or deliver to the following:

Mrs. Beth Appling
RPT/HIT Clerk
Shelton State Community College
C.A. Fredd Campus #137
3401 Martin Luther King, Jr. Blvd.
Tuscaloosa, AL 35401

If mailing the application packet, certified mail is recommended. Incomplete or late applications will not be considered.
HIT APPLICATION PACKET CHECKLIST

It is the responsibility of the applicant to submit a completed application packet to the Health Information Technology Office by the listed deadline date. Applicants must have all of the following items for the application packet to be complete and considered for the Health Information Technology program. No incomplete or faxed packets will be accepted.

1. Application for Health Information Technology program
   Note: Applicants must apply for admission to the College before applying to the HIT program.

2. Official Shelton State transcript
   Note: The transcript must indicate all colleges and universities attended. If the applicant has attended colleges other than Shelton State, it is the applicant’s responsibility to return the Transcript Verification Form to the Office of Enrollment Services prior to the application deadline. SEE TRANSCRIPT VERIFICATION PROCEDURE INFORMATION BELOW.

3. Statements of Understanding: Pre-Clinical Drug Screen; Student Classroom Behavior; Commission of a Felony; Weapons Policy; Possibility of Non-traditional Work Hours and Weekend Assignments

4. Personal Statement related to HIT
   The statement is a typed, double-spaced, personal statement regarding the applicant’s interest in the HIT program. The statement should contain at least two hundred words, be in the applicant’s own words, and free of grammatical errors. The statement should answer the following questions:
   1. What is health information management?
   2. What is the role of the health information technician?
   3. Why are you interested in the HIT program and health information profession?

SHELTON STATE COMMUNITY COLLEGE
ADMISSIONS / RECORDS OFFICE
TRANSCRIPT VERIFICATION PROCEDURE

- It is the applicant’s responsibility to request transcripts in time to meet the SSCC Health Information Technology and Certificate programs application deadline.
   Note: The applicant may print and use the Transcript Request Form.

- Applicants who have completed all college work at SSCC should submit the Transcript Verification Form to the SSCC Office of Enrollment Services. The SSCC Office of Enrollment Services will forward a copy of the Transcript Verification Form to the HIT Admissions Office for the applicant’s transcript to be reviewed. Note: It is the responsibility of the applicant to turn in the Transcript Verification Form to the SSCC Office of Enrollment Services by the application deadline date.

- The applicant with college work from other college(s) is responsible for requesting the official transcripts from all other colleges/universities attended be sent to SSCC Office of Enrollment Services. Note: The applicant may print and use the Transcript Request Form. The applicant must also print and return the Transcript Verification Form to the SSCC Office of Enrollment Services. They will provide the applicant with instructions to verify all transcripts have been received. Once all transcripts have been received and evaluated, the SSCC Office of Enrollment Services will forward a copy of the Transcript Verification Form to the HIT Admissions Office for the applicant’s transcript to be reviewed. It is the responsibility of the applicant to verify that the SSCC Office of Enrollment Services has received all transcripts from other colleges/universities attended as well as the Transcript Verification Form by the deadline date.

The Transcript Verification Form must be submitted to the SSCC Office of Enrollment Services in order to complete the application process. The Office of Enrollment Services is responsible ONLY for the evaluation of transcripts for applicants who have completed the application process by the deadline date. For questions or concerns regarding applications, please contact Beth Appling at 205.391.2654 or bappling@sheltonstate.edu.
Statement of Understanding: Background Screen Checks

I understand that any student who enrolls in the Shelton State Community College HIT programs and desires to participate in courses which have a clinical component is required to have a background screen check. The background screen check will be conducted prior to entering the nursing programs. A student who is refused acceptance for clinical experience due to positive background screen will not be able to complete the clinical component of the required courses and will not receive a passing grade for the course.

Statement of Understanding: Weapons Policy

I understand that while on College-owned or controlled property possession of firearms, ammunition, explosives, fireworks, or other dangerous instrumentalities is prohibited. Violations of this policy will render a student subject to disciplinary action under the procedures which provide for adequate notice and fair hearing, as outlined in the College catalog. Penalties for violations may include reprimand and probation, loss of privileges, suspension, and expulsion which may be set forth in the College regulations published in the College catalog.

Statement of Understanding: Pre-Clinical Drug Screen

I understand that any student who enrolls in the Shelton State Community College HIT program and desires to participate in courses which have a clinical component is required to have an initial, pre-clinical drug screening. The initial pre-clinical drug screen will be conducted prior to entering the HIT programs. The student must abide by the College’s Drug Screen Policy and the Agency Clinical Policy for which the student is assigned clinical practice. This policy includes random drug screening and reasonable suspicion screening.

Statement of Understanding: Student Classroom Behavior

I understand that students are expected to give courtesy to others while in class, to show a willingness to respond to questions and participate in class discussions, and to have a lively interest in the subject matter, as evidenced by alertness and attentiveness during classroom activities. The College and the HIT programs have zero tolerance for disruptive class behavior. Since enrollment in college is by choice, students who fail to demonstrate common courtesy and cooperation in the classroom are choosing by their behavior to cancel their enrollment. The Dean of Students will be notified of all such violations and appropriate steps will be taken.

I understand that food and drink are not permitted in the classroom. Special health problems will be considered on an individual basis. Visitors, including children, are not allowed in the classroom.

Statement of Understanding: The Possibility of Non-Traditional Work Hours and Non-Campus Educational Activities

I understand that weekend or non-traditional Professional Practice Experience (PPE) hours and educational/professional field trips may be required to complete course objectives.

Student’s Printed Name

Signature of Student ___________________________ Date ___________________________

Student ID Number ___________________________ Phone # ___________________________

Non-Discrimination Statement: It is the policy of the Alabama Community College System, including all postsecondary institutions under the control of the Alabama Community College Board of Trustees, that no person shall, on the grounds of race, color, disability, sex, religion, creed, national origin, or age, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program, activity, or employment.
Health Information Technicians

The Alabama College System and Shelton State Community College (SSCC) endorse the Americans with Disabilities Act. In accordance with College policy, when requested, reasonable accommodations may be provided for individuals with disabilities.

Physical, cognitive, psychomotor, as well as affective and social abilities are required in unique combinations to demonstrate health information competencies. Shelton State Community College applicants/students must be able to meet the required tasks, knowledge, skills, abilities, and work activities with or without reasonable accommodations throughout the program of learning.

Tasks

- Protect the security of medical records to ensure confidentiality is maintained.
- Review records for completeness, accuracy, and compliance with regulations.
- Retrieve patient medical records for physicians, technicians, or other medical personnel.
- Release information to persons and agencies according to regulations.
- Plan, develop, maintain, and operate a variety of health record indexes and storage and retrieval systems to collect, classify, store, and analyze information.
- Enter data, such as demographic characteristics, history and extent of disease, diagnostic procedures, and treatment into computer.
- Compile and maintain patient medical records to document condition and treatment and to provide data for research or cost control and care improvement efforts.
- Process and prepare business and government forms.
- Process patient admission and discharge documents.
- Assign the patient to diagnosis-related groups (DRGs), using appropriate computer software.

Knowledge

Clerical — Knowledge of administrative and clerical procedures and systems such as word processing, files and records management, stenography and transcription, form design, and office procedures and terminology

Customer and Personal Service — Knowledge of principles and processes for providing customer and personal services including customer needs assessment, quality standards for services, and evaluation of customer satisfaction.

English Language — Knowledge of the structure and content of the English language including the meaning and spelling of words, rules of composition, and grammar

Computers and Electronics — Knowledge of circuit boards, processors, chips, electronic equipment, and computer hardware and software, including applications and programming

Skills

Active Listening — Giving full attention to what other people are saying, taking time to understand the points being made, asking questions as appropriate, and not interrupting at inappropriate times

Reading Comprehension — Understanding written sentences and paragraphs in work related documents

Speaking — Talking to others to convey information effectively

Critical Thinking — Using logic and reasoning to identify the strengths and weaknesses of alternative solutions, conclusions, or approaches to problems
**Monitoring** — Monitoring/assessing performance of yourself, other individuals, or organizations to make improvements or corrective action

**Time Management** — Managing one’s own time and the time of others

**Abilities**

**Near Vision** — The ability to see details at close range (within a few feet of the observer)

**Oral Comprehension** — The ability to listen to and understand information and ideas presented through spoken words and sentences

**Oral Expression** — The ability to communicate information and ideas in speaking so others will understand

**Speech Recognition** — The ability to identify and understand the speech of another person

**Information Ordering** — The ability to arrange things or actions in a certain order or pattern according to a specific rule or set of rules (e.g., patterns of numbers, letters, words, pictures, mathematical operations)

**Written Comprehension** — The ability to read and understand information and ideas presented in writing

**Category Flexibility** — The ability to generate or use different sets of rules for combining or grouping things in different ways

**Speech Clarity** — The ability to speak clearly and be understood

**Deductive Reasoning** — The ability to apply general rules to specific problems to produce logical answers

**Finger Dexterity** — The ability to make precisely coordinated movements of the fingers of one or both hands to grasp, manipulate, or assemble small objects

**Work Activities**

**Getting Information** — Observing, receiving, and obtaining information from all relevant sources

**Interacting With Computers** — Using computers and computer systems (including hardware and software) to program, write software, set up functions, enter data, or process information

**Organizing, Planning, and Prioritizing Work** — Developing specific goals and plans to prioritize, organize, and accomplish work

**Establishing and Maintaining Interpersonal Relationships** — Developing constructive and cooperative working relationships with others and maintaining them

**Evaluating Information to Determine Compliance with Standards** — Using relevant information and individual judgment to determine whether events or processes comply with laws, regulations, or standards

**Communicating with Supervisors, Peers, and Subordinates** — Providing information to supervisors, coworkers, and subordinates by telephone, written form, email, or in person

**Performing Administrative Activities** — Performing day-to-day administrative tasks such as maintaining information files and processing paperwork

**Identifying Objects, Actions, and Events** — Identifying information by categorizing, estimating, recognizing differences or similarities, and detecting changes in circumstances or events

**Documenting/Recording Information** — Entering, transcribing, recording, storing, or maintaining information in written or electronic/magnetic form

Check one of the following options.

_______ I have read and understand the HIT skills, knowledge, functions, abilities, and work activities
and I certify, to the best of my knowledge, **I am able** to perform these functions.

______________________________________________  ______________________
Student’s Signature                            Date

OR

_______ I have read and understand the essential functions and, to the best of my knowledge, **I am unable** to perform the function(s) circled above due to a disability. I understand I must provide documentation of my disability and recommendations for accommodations of my disability from my physician. I am requesting the following reasonable accommodation(s):

______________________________________________  ______________________
Student Signature                                Date

Requests for reasonable accommodations should be directed to the Office of Disability Services.

Student Name: __________________________________

Shelton State Student Number: ____________________

**Non-Discrimination Statement**: It is the policy of the Alabama Community College System, including all postsecondary institutions under the control of the Alabama Community College Board of Trustees, that no person shall, on the grounds of race, color, disability, sex, religion, creed, national origin, or age, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program, activity, or employment.
TRANSCRIPT VERIFICATION FORM

Please return this form to:
Office of Enrollment Services
9500 Old Greensboro Rd. Box 190
Tuscaloosa, Alabama 35405
Phone: 205.391.2390 Fax: 205.391.3910 sheltonstate.edu

I. STUDENT INFORMATION

PRINT FULL NAME
______________________________________________________________________________
(LAST) (FIRST) (MIDDLE) (MAIDEN)
STUDENT NUMBER ___________________________ BIRTHDATE ___________________________

ADDRESS __________________________________________________ PHONE _______________________
(CITY) (STATE) (ZIP) (AREA CODE) (NUMBER)

EMAIL ADDRESS __________________________________________ _______________________________________

II. COLLEGE ATTENDANCE - Shelton State will not evaluate transcripts until ALL transcripts are received by the Office of Enrollment Services. This includes official transcripts from any college previously attended INCLUDING unaccredited institutions and institutions at which dual or accelerated credits were earned.

______ I have only attended Shelton State Community College.
______ I have attended other college(s) listed below, and I have requested the official transcript(s) from each college be sent to the Office of Enrollment Services.
______ I understand that all official transcripts and this form must be received in the Office of Enrollment Services by July 5, 2016 by 6:00 p.m.

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<tr>
<th>COLLEGES ATTENDED</th>
<th>DATES</th>
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III. HEALTH INFORMATION TECHNOLOGY APPLICATION DEADLINE: July 1, 2016

Note: The transcript deadline is listed above. If the transcript deadline is not met, the application packet will not be reviewed.

IV. TRANSCRIPT RELEASE INFORMATION

It is the student’s responsibility to ensure all transcripts with final grades from previously attended colleges/universities are on file in the Office of Enrollment Services prior to the published deadline. This includes final grades of the most recently completed semester. Failure to do so will prevent the application packet from being complete and accepted by Shelton State. Once all transcripts have been received and evaluated, a copy of this form will be forwarded to the Health Information Technology Program.

_________________________________________________________________ ______________
STUDENT SIGNATURE DATE

Office Use Only:
Date Received in Enrollment Services Date Sent to HIT Dept. Initials
Overall GPA _______ Prerequisite GPA _______

Non-Discrimination Statement: It is the policy of the Alabama Community College System, including all postsecondary institutions under the control of the Alabama Community College Board of Trustees, that no person shall, on the grounds of race, color, disability, sex, religion, creed, national origin, or age, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program, activity, or employment.
TRANSCRIPT REQUEST FORM

Please mail this request form directly to the registrar of each college you have previously attended. If you have not attended other colleges, please send this form to the high school from which you graduated. Please retain a copy of this request and your check or money order as proof that you have requested your transcripts. Official transcripts must be mailed directly from the school. High School transcripts can be faxed from the high school to 205.391.3910.

Registrar:

Please forward an official copy of my transcript at your institution to the following address:

Shelton State Community College
Attn: Office of Admissions and Records
9500 Old Greensboro Road – Box 190
Tuscaloosa, AL 35405

Name: _______________________________________________________________________

Address: _____________________________________________________________________

Street  City  State  Zip

Name under which enrolled (if different from name given above):

_____________________________________________________________________________

Student Number: _______________ Dates of Attendance and/or Graduation:

__________

Signature: _______________________________ Date: __________________

NOTE TO THE STUDENT: Contact the school in which you are sending this letter to determine any transcript request fees.