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| **Collin College**  **Health Information Management Program**  **Application for Admission** |

*Please fill out the application on a computer or other electronic device and email* [*LDanton@collin.edu*](mailto:LDanton@collin.edu) *from your Collin College email address. Handwritten applications will not be accepted.*

**Demographic Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Date: | Date | CWID: | CWID |
| Name (Last, First, Middle): | Last Name | First Name | Middle Name - Optional |
| Other Names Used: | Maiden Name | Other Name |  |
| Collin Email: | Collin Email | Personal Email: | Personal Email |
| Mailing Address: | Street, City, State, Zip Code | | |
| Phone Number (Cell): | Cell Phone Number | Phone Number (Alternate): | Alt. Phone Number |
| Emergency Contact Person: | Name of Emergency Contact | Emergency Contact Phone Number: | Emergency Contact Phone Number |
| Your Employer: | Employer Name | Type of work: | Enter type of work |

**Education History**

|  |  |  |  |
| --- | --- | --- | --- |
| High School Attended: | Enter High School Name | | GED Yes or No |
| College(s) Attended: | Enter College Name(s) | |  |
| Degree(s) Earned: | Enter Degree(s) | Degree Major: | Enter Major |
| Have you applied to other Collin College programs within the last 5 years? | | | Yes or No |
| If yes, which one? | Other Collin College program(s) did you apply to? | | Accepted? Yes or No |
| If declined, explain the reason: | | | |
| Reason for being declined from other Collin College program | | | |
| Were you declined based on a positive drug test? Yes or No | | | |
| Were you declined based on a negative background check? Yes or No | | | |

**Consents and Disclaimers**

***Student Handbook & Disclosure***

I have type your name here, received a copy of the HIM Student Handbook. In accordance with the established policies and procedures, I agree to use the HIM Handbook as a guide and abide by the same while enrolled in the HIM program. I understand that the HIM Handbook is subject to revision. I agree to all the information regarding Background Checks, Immunizations, and the Clinical Hours required for the HITT 2361 class.



Double click or tap the X above to sign electronically

***Consent for Release of Information***

I, type your name here, give consent for Collin College to do a mandatory criminal background check as required by clinical affiliates as a common practice and condition for clinical experiences. I understand that once this information has been attained, it will be retained for clinical placement. Furthermore, this information will not be shared with other clinical facilities, persons, or school officials unless I have given prior notice. It is further understood that provision of this information is required as part of the contractual agreement between Collin College and the clinical affiliates. Furthermore, I understand that information from my file may be included in group data regarding the HIM Program. The information will only be provided as aggregate data and nothing will reveal individual names or specific individual information.



Double click or tap the X above to sign electronically

***Confidentiality Agreement***

I, type your name here , agree not to disclose either verbally or through written word any part of the client’s medical records or medical condition without written permission of the client (or designee, as applicable). This agreement is in effect in any clinical agency where I have access to client information. I understand that protection of the client’s right to privacy is my responsibility.



Double click or tap the X above to sign electronically

***Consent for Drug Testing and Authorization for the Release of Test Results***

I, type your name here, realize that part of the requirements for the HIM program is routine drug screenings required by several affiliating agencies. I will be required to go and provide Sur-Scan with urine specimen for a Substance Abuse Panel 10 (SAP10) or equivalent test at a designated time provided by the Director of the HIM Program (the student will bear the cost of the testing). In the event there are positive findings, my results will be reviewed by the Medical Review Officer, who specializes in the interpretation of questionable results. I will bear the extra costs incurred with this requirement if needed. I further realize that a positive test result may deem me ineligible for admission to or progression in the program. Once I am admitted into the program, I may be subject to future drug screens in the event that “for cause” behavior (suspicious in nature) is demonstrated in the classroom or clinical areas or per agency/clinical requirements. This can be cause for withdrawal from the program with an “Incomplete” grade and referral to a substance abuse program. This can also impact my ability to meet clinical objectives and program outcomes. A report of the incident will be placed on file in the Offices of the Dean of Students and the Director of the HIM program.



Double click or tap the X above to sign electronically

***Collin College Photo Release***

Please also include an image with your application. A digital image would be preferable. Collin College does not discriminate on the basis of race, color, religion, age, sex, national origin, disability, or veteran status.



Double click or tap the X above to sign electronically

By signing below, I agree to the following conditions:

The information given in the application is factual. I understand that knowingly submitting false information is subject to a penalty of removal from consideration for the program, or removal from the program. I further authorize the Health Information Management program to obtain copies of my transcripts received by Collin College and/or other records relevant to admission to the program. I have read and agree to the terms of the Collin College HIM program.



Double click or tap the X above to sign electronically

*We appreciate your interest in Health Information Management. Due to State Authorization requirements, Collin College is currently not offering programs to students who reside outside of the State of Texas. We regret that we are unable to meet your educational needs and encourage you to continue to pursue your educational goals. In the event you relocate to Texas, we encourage you to reconnect with us.*