

SMCC ID #: _____

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

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):

On-Campus Program Online Program

PERSONAL DATA

Name: _____
 LAST FIRST MIDDLE/MAIDEN

Address: _____
 Street No./P.O. Box City State Zip

Social Security Number: _____ (This application is kept confidential.)

Home Phone Number: () _____ Cell Phone Number: () _____

Date of Birth: _____ Email Address: _____

EDUCATIONAL DATA

ACT Composite Score: _____

(List all colleges and professional schools attended.)

Name of School, City, and State.	Did you graduate?	Dates attended:
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ to _____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	mo/year mo/year
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ to _____
		mo/year mo/year
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ to _____
		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? Yes 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: _____

Program Director Signature: _____

NON-DISCRIMINATION STATEMENT

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.