

**SHASTA COLLEGE
HEALTH INFORMATION MANAGEMENT PROGRAM
FALL 2019 APPLICATION**

PLEASE PRINT IN INK

APPLICATION DEADLINE: 4 P.M. Monday, July 8, 2019

SHASTA COLLEGE ID	EMAIL ADDRESS (REQUIRED FOR ALL APPLICANTS):	BIRTHDATE:
NAME (Last, First, MI.):		TELEPHONE:
ALL OTHER NAMES UNDER WHICH YOU HAVE BEEN KNOWN:		ALT. PHONE:
CURRENT ADDRESS:		
Street		City State Zip

LIST ALL COLLEGES AND UNIVERSITIES ATTENDED, INCLUDING SHASTA COLLEGE (Use additional sheet if needed)

NAME OF COLLEGE	LOCATION	UNITS COMPLETED (indicate Quarter or Semester)	Dates Attended FROM/TO	DEGREE
		<input type="checkbox"/> Q <input type="checkbox"/> S		
		<input type="checkbox"/> Q <input type="checkbox"/> S		
		<input type="checkbox"/> Q <input type="checkbox"/> S		

ALL OFFICIAL college transcripts of attempted/completed coursework must be submitted prior to official acceptance.

Applicants must have graduated from an accredited Associate in Science Degree Health Information Technology program before they are eligible to enter the baccalaureate degree program.

PREREQUISITE DEGREE	NAME OF COLLEGE	LOCATION	GRADUATION/ EXP. GRADUATION
Associate of Science (AS) degree in Health Information Technology			

Have you taken and passed the RHIT exam? _____ If yes, when did you receive your RHIT certification? _____

Are you currently employed in the field of Health Information Management? _____

If yes, what is your job title: _____

What is your employer's name: _____

Attach a one-page Statement of Interest including your background and the reasons you are applying to the Health Information Management baccalaureate degree program.

By reading the Shasta College Health Information Management Program Application Procedures, I hereby acknowledge that the failure to submit required materials to document an AS degree from a regionally accredited Health Information Technology program will result in disqualification of my application.

Signature of Applicant _____ Date _____

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This document is designed to assist you in evaluating your lower division general education pattern for baccalaureate degree completion. Please add college course work you have taken to meet these general education requirements:

CSU-GE or IGETC General Education Pattern	Course Title:	College where course was completed:	Semester / Year completed:	Grade:
CSU-GE (Cat A1) Oral Communication (i.e. Speech, Small Group comm.)				
CSU-GE (Cat. A2) or IGETC (Area 1) English Composition (i.e. English 1A)				
CSU-GE (Cat. C3) or IGETC (Area 1-b) Critical Thinking (i.e. English 1B or 1C)				
CSU-GE (Cat. B1/B2) or IGETC (Area 5) Science courses – 1 Physical & 1 Life Science and one must include a lab.	1) 2)			
CSU-GE (Cat. B4) or IGETC (Area 2) Transfer level Mathematics (*one level above Intermediate Algebra)				
CSU-GE (Area C1 / C2) or IGETC (Area 3) Arts and Humanities Three courses – at least one in each area	1) 2) 3)			
CSU-GE (Cat. D) or IGETC (Area 4) Social and Behavioral Sciences Three courses from at least two areas (i.e. US History, Sociology, etc)	1) 2) 3)			
CSU-GE (Cat. E) or IGETC (Area 6) Lifelong Learning or Language (*Health, Nutrition type course for CSU) or (Foreign Lang for IGETC)				

The following two lower division prerequisite courses within the pattern above **MUST** be completed before taking the Upper Division General Education courses: ENGL 401 and PSYC 401:

CSU-GE or IGETC	Course Title:	College:	Semester/Year	Grade:
CSU-GE (Cat. C3) or IGETC (Area 1-b) Critical Thinking English 1B or 1C				
CSU-GE (Cat. D) or IGETC (Area 4) General Psychology – Psyc 1A				

Statement of Understanding:

- A. I understand that this is a self-evaluation of the courses I need to complete before being eligible to graduate from the Shasta College HIM Baccalaureate program.
- B. I understand I need to submit **ALL of** my official transcripts from any prior college course work I have completed to Shasta College for review towards meeting all of my degree requirements.

(Signature)

(Date)

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In order to provide opportunities to adequately learn necessary skills and apply theory in an actual clinical setting, we partner with healthcare facilities and organizations in order to complete a Professional Practice Experience (PPE) during the final semester of the HIM program. Clinical facilities have requirements for their employees and any persons in their facilities that are interacting with their patients or clients. Included in our partner clinical agreements are clinical requirements for our students. **These clinical requirements are not imposed by Shasta College Health Sciences but by our clinical partners. While failure to meet these requirements does not disqualify a student from any of our healthcare programs, it will limit the opportunity to participate in the clinical experiences that are required; and therefore make it impossible to complete the program.**

One of those clinical requirements is proof of immunity to several communicable diseases. Proof of immunity to these diseases can be provided either by receiving the vaccination series and providing record of such or by obtaining quantitative titers and providing the results. See the [Immunization Requirements](#) page of the Shasta College Health Sciences website for further information. Below is a self-evaluation form intended to start the information gathering process. **Your application will not be disqualified if you do not have any records at this time – this is simply to assess which records, if any, you may need to obtain.**

	I have immunization records in my possession	I have quantitative titers showing immunity	I need to locate my immunization records	I do not have immunization records and will obtain the vaccination series or quantitative titers prior to my PPE
Hepatitis B				
Varicella				
Measles, Mumps, Rubella (MMR)				
Tetanus, Diphtheria, and Pertussis (TDaP)				

You will be notified by the Director of the HIM program or Health Sciences Division staff when the official records are due.

***Be sure to start gathering information early;
if vaccination is required, some vaccination series can take up to 6 months.***

Statement of Understanding:

- A. I understand that this is a self-evaluation of the proofs of immunity I must provide before being eligible to participate in the Professional Practice Experience as part of the Shasta College HIM Baccalaureate program and that my application will not be disqualified if I do not currently have any immunization or titer records.
- B. I understand I need to submit **ALL** documentation showing proof of immunity for review according to the deadlines provided by the Director of the HIM Baccalaureate program or the staff of the Shasta College Health Sciences Division. Failure to submit my records according to the deadlines may prevent my participation in the Professional Practice Experience during my final semester of the HIM program.

(Signature)

(Date)