

**APPLICATION FOR ADMISSION
PROGRAM OF HEALTH INFORMATION MANAGEMENT
BACCALAUREATE DEGREE**

Official acceptance to Western Kentucky University is a requirement for applying to the baccalaureate degree Health Information Management (BS HIM) program. You may apply at any time but acceptance to the program will not be considered until completion of HIM 100 (or acceptable transferred course). Admission to the College of Health & Human Services or the University does not guarantee admission to the program. Acceptance into the baccalaureate (BS) program is based on a selective admission process and is based on space available. Applicants are considered on a competitive basis. There are no restrictions regarding age, sex, race, religion, disability, sexual orientation or marital status.

The BS HIM application consists of FOUR sections; incomplete applications will not be considered. Return all completed application materials to: Program Director, Health Information Management Program, WKU Academic Complex 413, 1906 College Heights Blvd., Bowling Green, KY 42101

Part I. General Information

1. Date _____ 2. When do you wish to enter the program? _____ Semester ____ Year

3. Have you completed HIM 100 at WKU?

☐ YES

☐ NO

Part II. Demographic and Educational Information

1. Name _____
Last First Middle/Maiden/Other

2. WKU ID Number _____

3. Home Address _____
Number and Street

City State Zip Code

4. Home/Cell Phone Number _____ 5. E-mail address _____

6. Present Address _____
Number and Street

City State Zip Code

7. Present Phone Number _____ 8. Date of Birth _____

9. Emergency Contact_____

Address_____

Phone Number_____ Relationship_____

10. Information concerning previous colleges/universities attended:

Names/Dates Attended/Degree Earned/Program

11. Have you earned an associate degree in Health Information Management/Technology from a CAHIIM accredited program (see list of accredited programs at www.cahiim.org)?

☐ YES

☐ NO

12. Have you earned an associate degree in Health Information Management/Technology from a non-CAHIIM accredited program)?

☐ YES

☐ NO

13. If yes to #12, do you plan to take any WKU HIM departmental exams?

☐ YES

☐ NO

If Yes to #13, list the courses in which you plan to take WKU HIM departmental exams

14. List all professional credentials/certifications and date awarded._____

15. List professional and work experiences including part-time jobs:

16. List volunteer work (past and present) with dates:

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17. List awards and dates received:

18. If there is additional information you would like to share add it here:

19. Have you ever been convicted of a crime other than a minor traffic violation? ☐ YES ☐ NO
(If yes, enclose an explanation with your application. The application cannot be processed without an explanation. Note: Students with **ANY** felony charge or a misdemeanor assault charge will not be admitted to the HIM Program due to lack of placement opportunities in Clinical Sites for the Professional Practice Experience-HIM 495. Students who receive the above listed charges or issues after admission to the program will be dismissed from the HIM Program.)

PART III. Goals

- Provide a statement of professional and personal goals

PART IV. Application Submission Statement and Receipt of Policies

I hereby affirm that all information supplied in this application is complete and accurate. I understand that withholding information and/or giving false information will make me ineligible for admission to the Baccalaureate Degree Health Information Management (BS HIM) Program at Western Kentucky University.

My signature below indicates that:

-I have been fully informed of, understand and agree to the Health Information Management (HIM) Program policies.

-I also authorize the HIM Program to release my criminal background check information, drug screen, professional liability insurance and medical information to any and all clinical practice facilities to which I am assigned.

-I understand that it is my responsibility to keep a copy of the policies in my possession for future reference. I will take the initiative and maintain the necessary degree of persistence to get any questions answered.

-I understand that I will receive a copy of the HIM Student Handbook upon program admission in which additional policies may be included.

-I agree to adhere to all course, program and Western Kentucky University policies.

Date

Signature of Applicant