



A LEADING AMERICAN UNIVERSITY WITH INTERNATIONAL REACH
PUBLIC HEALTH DEPARTMENT

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

Return all completed application materials to: Western Kentucky University, Health Information Management Program, 1906 College Heights Blvd, Academic Complex Office 413, Bowling Green, KY 42101

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

1. Name _____
Last First Middle/Maiden/Other

2. Home Address _____
Number and Street

City State Zip Code

3. Home Phone Number _____ Cell Phone Number _____

4. E-mail address _____

5. Present Address _____
Number and Street

City State Zip Code

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

8. In Case of Emergency Contact _____
Address _____
Phone Number _____ Relationship _____

9. Information concerning previous schools attended:
High School _____
Address _____ GPA _____ Date of Graduation _____

Honors, Awards, Offices, Scholarships _____

Have you attended other colleges/universities? ____yes____no If yes, list names and dates
attended _____

Are you currently attending WKU? ____yes____no If yes, year entered _____
WKU ID Number _____

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

11. List any volunteer work completed:

MISCELLANEOUS DATA:

12. How did you learn about the health information profession? _____

13. What influenced you to enter the health information profession? _____

ASSOCIATE DEGREE

14. 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 295. Students who receive the above listed charges or issues after admission to the program will be dismissed from the HIM Program.)

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 Associate Degree Health Information Management Program at Western Kentucky University.

Date

Signature of Applicant

4/2017

**WESTERN KENTUCKY UNIVERSITY
HEALTH INFORMATION MANAGEMENT PROGRAM
CONFIDENTIALITY PLEDGE**

1. Patient records contain confidential information. They are to be protected as they are important to each patient, to the healthcare facility from which the records were obtained, and to the educational program.
2. In the educational setting, the medical information should be read in its entirety to help the student familiarize him/herself with the content of a patient record and to encourage the understanding of medical terminology.
3. Discussion of a patient's record outside the classroom or laboratory setting is prohibited and may be grounds for dismissal from the program.
4. Patient records may not be removed from the laboratory/classroom under any circumstances.
5. Only students who are enrolled in selected Health Information Management courses may have access to the patient records in the educational program.
6. During clinical experience the student will be expected to follow the rules both of the educational institution and of the healthcare facility with regards to confidentiality of information and release of information.

I have read the above statements and understand them fully. I realize that any failure to maintain the confidential nature of the patient records, both in the educational program and in the clinical experience, may result in my dismissal from the program.

Student's Signature

Date

**WESTERN KENTUCKY UNIVERSITY
HEALTH INFORMATION MANAGEMENT PROGRAM
POLICY STATEMENTS**

1. All program and academic advisement will be done in consultation with Health Information Management advisors.
2. In keeping with University policy, “a candidate for an undergraduate degree must have a GPA of at least 2.0 (1) in all credits presented for graduation whether earned at WKU or elsewhere, (2) in all credits completed at WKU, (3) overall in the major subjects and in the minor subjects, and (4) in the major subjects and in the minor subjects completed at WKU.” The HIM Program does not require a minor.
3. Academic problems of individual students should be detected early and corrected, if possible, by counseling and tutoring. A student who makes a grade below a “C” in any Health Information Management course (HIM) is required to repeat the course. The student must successfully complete (grade C or above) all HIM prerequisites. A student who makes below “C” in the HIM 100 course must repeat and successfully complete that course prior to enrolling in HIM 220, 221, 230, 250 or 251.
4. Unprofessional conduct or violation of the rules, regulations or policies of the University or Health Information Management Program may result in dismissal from the program.
5. Responsibility for all living and traveling expenses required for clinical experiences will be that of the student.
6. Students will be required to purchase professional liability insurance after acceptance into the program and maintain throughout the program. The affiliation site may require additional coverage. At a minimum, students must have \$1,000,000/ \$3,000,000 coverage.
7. Students are required to provide for themselves complete health insurance coverage in case of accident or illness that might occur during field trips, directed practice and/or clinical practice. Neither the University nor the clinical agency is responsible for providing such insurance coverage.
8. Students should be aware of the need to have complete automobile insurance coverage for themselves or any other student that they may be transporting. The University is not responsible for providing such coverage.
9. Students are required to participate in field trips, directed practice and clinical practice throughout the curriculum and are required to provide their own transportation. The University is not responsible for providing such transportation.
10. The student will be held responsible for the legal, ethical and appropriate management of all facets of their Health Information Management education. Dishonesty and cheating in any course work (including laboratory and clinical) will not be tolerated. The program faculty will determine appropriate disciplinary actions. Each case will be considered individually, and depending on the seriousness of the offense, a student may be dismissed from the program in accordance with University policy.
11. Clinical Practice may not be completed in a department in which the student is currently or has been previously (within six months) employed in the health information/medical record department. This course is required for graduation and tuition must be paid.
12. Students will be required to complete a service oriented professional practice experience
13. Unless the program director is notified in writing of extenuating circumstances, students are expected to complete at least one course in the HIM curriculum per semester. Failure to complete at least one course in the HIM curriculum for two consecutive semesters will result in the student’s automatic withdrawal from the program. Students must reapply for admission to continue in the program.
14. A student who wishes to continue in the HIM program after having withdrawn for one or more semesters must apply for readmission to the HIM program. Unless approved by the program director, the applicant who is applying for program readmission will not receive credit for HIM courses taken five (5) or more years prior to readmission unless the student successfully passes a departmental competency exam. (rev 8/12)

_____initials

15. Students **MUST** provide the following documentation upon acceptance into the program and the student will be responsible for any associated costs. Note: clinical sites may require additional items. Criminal Background Check must be completed prior to official acceptance into the program
- a. proof of rubella, rubeola and mumps immunity by positive antibody titers or 2 doses of MMR;
 - b. varicella immunity, by positive test for immunity or proof of varicella immunization;
 - c. evidence of current immunizations against diphtheria, tetanus, and pertussis within the last ten years
 - d. proof of hepatitis B immunization or declination of vaccine
 - e. tuberculin test or QuantiFERON –TB Gold [QFT-G] and/or chest x-ray within the past 12 months and follow-up provided appropriate to the situation; and a two-step TB skin test within 3 months of PPE start date
 - f. drug screen (minimum of a seven panel).
 - g. proof of membership in the American Health Information Management Association. Students must maintain continuous coverage throughout matriculation in the HIM Program. Please refer to www.ahima.org for additional information.
 - h. proof of professional liability insurance. Students must maintain continuous coverage throughout matriculation in the HIM Program. Insurance must be obtained through www.proliability.com. It is the responsibility of the student to submit proof of policy renewal.
 - i. required criminal background check. www.mystudentcheck.com. (prior to official acceptance into the program)

(The HIM Program Admissions Committee reserves the right to deny or rescind acceptance based on the results of the criminal background check, drug screen results, OIG Exclusion from Participating in Medicare and Medicaid services, or other related/unrelated issues. 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 295. Students who receive the above listed charges or issues after admission to the program will be dismissed from the HIM Program. For all other students, continued enrollment in the HIM program is contingent upon immediate, written notification to the program office of any change in the student's criminal record. Failure to provide this written notification at any time following initial admission will result in immediate dismissal from the program. In addition, students should be aware that healthcare agencies have the right to refuse clinical placement at their facility for any reason. If a clinical practice facility refuses student access due to results of the criminal background check, drug screen results, OIG exclusion from participating in Medicare/Medicaid services or related/unrelated issues, the student will be unable to meet the clinical practice requirement and will be dismissed from the program. Alternate arrangements will not be made.)

16. **Students will be required to obtain a second two-step tuberculin skin test, drug screen and criminal background check 1-3 months prior to enrolling in HIM 295: Seminar & Field Experience.** Individual affiliation sites may request additional medical documentation, such as an additional drug screen. The student is responsible for the costs. Copies of the above documentation will be forwarded to individual clinical sites.

I have read and understand that I may be dismissed from the program based on the above.

Student Signature/Date

My signature below indicates that I have been fully informed of, understand and agree to the Health Information Management (HIM) Program policies. **I hereby authorize the HIM Program to release my criminal background check information and medical information to any and all clinical practice facilities to which I am assigned.**

Student Signature/Date

rev 4/2017

WESTERN KENTUCKY UNIVERSITY
Release and Waiver of Liability and Assumption of Risk Agreement

1. I desire to participate in the Health Information Management Program activities (hereinafter the "Activities") while enrolled in courses in the HIM curriculum. I understand and appreciate there may be dangers, hazards and risks inherent in, associated with, or arising out of the participation in the Activities, the transportation to and from the Activities, acts by third parties unrelated to the Activities, Activities not scheduled by Western Kentucky University (collectively referred to as "Western") that are in addition to and not related to the Activities (collectively referred to as the "Risks"). I recognize that these Risks could result in injury, illness or property loss or even death.

2. In exchange for the right to participate in the program activities, I hereby assume all responsibility and liability for these Risks, whether known or unknown, direct or indirect. On behalf of myself, my family, and my successors and assigns, I hereby release, waive, discharge and hold harmless Western from and against any and all claims, demands, liabilities, controversies or causes of action, damages, costs and/or expenses of any kind or nature whatsoever, that my hereafter accrue, relating to or arising out of the Activities, my participation in the Activities and/or Risks.

3. In the event of an accident or serious illness, I hereby authorize Western to obtain medical treatment for me and on my behalf. I hereby hold harmless and agree to indemnify Western from any claims, causes of action, damages and/or liabilities, arising out of or resulting from said medical treatment.

4. In signing this Agreement, I acknowledge and represent that I have carefully read this Agreement and understand its contents and that I sign this document of my own free will. I further state that I am at least (18) years of age and fully competent to sign this Agreement, that there are no health-related reasons or problems which preclude or restrict my participation in the Activities and that I have adequate health insurance necessary to provide for and pay for any medical costs that may be required or rendered to me as a result of injury or illness.

5. If I drive while participating in the Activities, I hereby warrant, represent and certify that I personally carry Automobile Liability Insurance applicable and effective in the place in which I will be driving, and that this insurance includes medical payment coverage in the event of an accident.

THIS IS A RELEASE OF LEGAL RIGHTS. BE CERTAIN YOU READ AND UNDERSTAND THIS RELEASE BEFORE SIGNING IT.

Signature _____

Date _____

Printed Name _____