



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? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

ASSOCIATE DEGREE

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

4/2017

\_\_\_\_\_  
Signature of Applicant