



HEALTH INFORMATION MANAGEMENT APPLICATION

Name: _____ ctcLink ID #: _____ Other Names: _____

Mailing Address: _____

Contact Phone #: _____ E-mail: _____

Please email completed applications to enroll@clark.edu

Or Postal Mail to "Attn: Enrollment Services" Clark College, 1933 Fort Vancouver Way, Vancouver WA 98663

1. APPLICATION REQUIREMENTS

✓	TO BE ELIGIBLE FOR SELECTION INTO THE PROGRAM ALL STUDENTS MUST COMPLETE THE FOLLOWING:
<input type="checkbox"/>	After acceptance of admission to Clark College, submit Health Information Management Application to Enrollment services, along with non-refundable \$50 program application fee. (note: all fees subject to change). Date of Health Information Management Application (fee paid date) will be considered in selecting students for entry into the program. Eligible students may be included in the selection process a maximum of two times before they must reapply.
<input type="checkbox"/>	Submit official college transcripts if you have transfer credits you wish to apply to the program. Students who do not plan to apply transfer credits towards the program are not required to submit official transcripts. Course credit hours and equivalency will be determined by Clark College.
<input type="checkbox"/>	Obtain a minimum Clark College cumulative GPA of 2.0 or above.
<input type="checkbox"/>	Math Placement Level: minimum Math Level 10 or a grade of 'C' or better in CAP 042 or eligibility for MATH 92 or higher.

2. THE FOLLOWING COURSES MUST BE COMPLETED WITH A 2.0 OR HIGHER GRADE PRIOR TO SELECTION INTO PROGRAM

✓	COURSE #	COURSE NAME	CREDITS
<input type="checkbox"/>	AH 110	Medical Terminology I (<i>Formerly BMED 110</i>) *Must be 7-years current upon entry into program	3
<input type="checkbox"/>	AH 111	Medical Terminology II (<i>Formerly BMED 111</i>) *Must be 7-years current upon entry into program	3
<input type="checkbox"/>	AH 100	Basic Concepts of Anatomy & Physiology I (<i>Formerly HEOC 100</i>) *7-years current upon entry	3
<input type="checkbox"/>	AH 101	Basic Concepts of Anatomy & Physiology II (<i>Formerly HEOC 100</i>) *7-years current upon entry	3
<input type="checkbox"/>	AH 104	Health Care Delivery & Career Exploration (<i>Formerly HEOC 104</i>)	3
<input type="checkbox"/>	ENGL& 101	English Composition I	5
<input type="checkbox"/>	BUS 149	Computer Application Essentials (<i>Formerly BTEC 149</i>)	3
<input type="checkbox"/>	BUS 104	Keyboarding & Word Processing (<i>Formerly BTEC 101</i>)	1

3. SELECT THE PROGRAM PATHWAY THAT YOU ARE PURSUING

✓	PLEASE CHECK THE DEGREE OR CERTIFICATE YOU WISH TO PURSUE
<input type="checkbox"/>	I am pursuing the Medical Billing and Coding Certificate of Proficiency (CP).
<input type="checkbox"/>	I am pursuing the Health Information Management Associate in Applied Technology (AAT).

The college affirms a commitment to freedom from discrimination for all members of the college community. The responsibility for, and the protection of, this commitment extends to students, faculty, administration, staff, contractors, and those who develop or participate in college programs. It encompasses every aspect of employment and every student and community activity. The college expressly prohibits discrimination on the basis of race, color, national origin, age, perceived or actual physical or mental disability, pregnancy, genetic information, sex, sexual orientation, gender identity, marital status, creed, religion, honorably discharged veteran or military status, or use of a trained guide dog or service animal. Harassment is a form of discrimination. Alternate format of this document is available upon request. Please contact Disability Support Services at (360) 992-2314 or (360) 991-0901 video phone.

Please Complete Second Page →



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PLEASE INDICATE YOU HAVE READ AND ARE AWARE OF THE FOLLOWING ADDITIONAL REQUIREMENTS FOR PROGRAM ENTRANCE BY PLACING YOUR INITIALS IN THE SPACES PROVIDED:

Medical Billing and Coding (MB&C)/Health Information Management (HIM) standard technical requirements:

- _____ I understand that as a Health Information Management Program Student, I must abide by the college’s Academic Integrity Policy. Violation of the policy may result in failing test/assignments, the class or possible dismissal from the HIM program
- _____ In order to participate in the HIM program, students must understand that the program is fully online/hybrid for courses and that in order to be successful in the program and in the career they will need to have strong technology skills. Student needs to be comfortable and confident in navigating an online/hybrid class format on Canvas and other modalities.
- _____ I understand that I’m required to earn at least a “C” or a “Pass” grade in all preliminary courses and program related course requirements to complete the degree. If I earn less than a “C” or a “Pass” grade I may be subject to dismissal from the program or acceptance into the program.
- _____ In order to participate in this program, students must be able to perform standard technical requirements as described above. Admission to the program may be contingent upon the applicant verifying his or her ability to perform the established technical standards of the program with or without reasonable accommodation (Please reference the disability statement in the Health Information Management handbook for additional information).
- _____ I understand that an important aspect of professional ethics is maintenance of the confidential status of data contained in patient health records. This applies to information obtained in classes or during practicum education affiliations. Confidential information must not be disclosed to unauthorized individuals, including family and friends.
- _____ The program requires a 30 to 40 hour per week commitment from students for classes and directed practicum hours (not including outside study time or travel time to the site). Reliable transportation is an important consideration as clinical facilities may require driving significant distances (up to approximately 50 miles distance from Clark). Directed Practicum assignments may be offered at times other than traditional clinical hours, such as evenings (other than Monday-Friday, 5:00am-7:00pm) and/or weekends. In addition, I agree to contact the site supervisor and faculty clinical coordinator immediately if an emergency necessitates a change in the practicum attendance schedule
- _____ Students enrolled in program and directed practicum courses are required to complete a comprehensive: criminal background check, proof of immunizations, and a ten-panel drug screening (as required by the sites). I also understand that laws and clinical site requirements are subject to change, and that Clark College may have very little to no influence on this process. If I am unable to pass the background check and drug screen required by the sites at the time I am scheduled for directed practice, or provide proof of immunizations this may limit my ability to complete my clinical rotations and graduate from the program. I understand that there may be additional costs, including, but not limited to, criminal background checks, drug screening, and immunizations.
- _____ Health Insurance - Proof of health insurance may be required by the clinical site. Keep in mind that you are responsible for your own health and testing requirements should an accident or injury occur. Sites are not responsible for any injury that occurs during externship.
- _____ I have reviewed the program requirements in the Clark College catalog. I am aware of entrance requirements, selection processes, required immunizations, criminal background check requirements, and all other specific program information. I am aware that if selected into the program, directed practicum sites may require drug screening. I am aware that completion of pre-entrance requirements does not guarantee entrance into the program and understand that additional preparation may be needed for final program selection.
- _____ I understand that any misrepresentations or false statements on this application will be subject to the Clark College and program code of conduct disciplinary procedures.

Signature

Date

Print Name

To mail this application, please send to:
 Clark College-Enrollment Services
 Attn: Health Occupations
 Admissions 1933 Fort Vancouver
 Way Vancouver, WA-98663

To email this application, please send to:
enroll@clark.edu