



Brookhaven College

ASSOCIATE OF APPLIED SCIENCE - HEALTH INFORMATION TECHNOLOGY PROGRAM APPLICATION

PLEASE PRINT (USE BLACK OR BLUE INK):

SOCIAL SECURITY NO. ____/____/____

STUDENT ID NO. _____

NAME _____
Last First MI Maiden/Other

ADDRESS _____
Number and Street Apartment Number

City State Zip Code

PHONE _____
Home Cell/Other

EMAIL _____

HIGH SCHOOL GRADUATE? Y / N GED? Y / N

LIST ALL PREVIOUS COLLEGES ATTENDED FOR ACADEMIC CREDIT, INCLUDING ANY OF THE DALLAS COUNTY COMMUNITY COLLEGES. (Current official transcripts must be on file in Registrar's Office.)

I am submitting my application materials for admission to the _____ 20____ semester.
(Fall or Spring)

I certify that the information given on this application is complete and accurate.

Applicant's Signature Date

Health Information Technology Program Official Use Only	
Date Received: _____	Received By: _____
HESI Test Date: _____	HESI Score: _____
HIT Program Orientation/Information Video Viewed Validation Received? Y / N	
Completed Application Packet Received? Y / N	Date Complete Packet Received: _____
Acceptance to HIT Program? Y / N	

Educational and employment opportunities are offered by the Brookhaven College without regard to race, color, religion, sex, national origin, age, disability, sexual orientation, genetic information, gender identity or gender expression.

STATEMENT OF STUDENTS' RESPONSIBILITY

Review and initial each section as verification that you have read and understand this information:

- _____ I acknowledge that this information packet contains policies, regulations and procedures in existence at the time this publication went to press. I also acknowledge that Brookhaven College reserves the right to make changes at any time to reflect current Accreditation requirements, administrative regulations and procedures, and applicable State and Federal regulations. Furthermore, I understand that this packet is for information purposes only and does not constitute a contract, expressed or implied, between any applicant, student, or faculty member and Brookhaven College.
- _____ I have read and understand the admission process for the associate degree Health Information Technology program which is a competitive selection process with a limited number of spaces available. I understand that successful completion of prerequisite courses, required HESI A² test sections, and/or submission of complete application packet materials does not guarantee acceptance to the associate degree Health Information Technology program.
- _____ I understand that I must submit all of my current official transcripts (printed less than three years ago) to the Registrar/Admissions Office at Brookhaven College prior to applying to the Health Information Technology program and that failure to do so will void my application.
- _____ I understand that in order to be considered a qualified applicant to the program, I must submit the official physical exam form and documentation of required immunizations, and tuberculosis screening prior to the program application deadline and receive notification from them that my records are complete at the application filing deadline for the program. I further understand that if my records are not complete at the application filing deadline, my application to the program will be disqualified.
- _____ I accept full responsibility for submitting **a complete Associate Degree Health Information Technology application packet** prior to or by the designated application filing deadline and **understand incomplete materials will disqualify my application**. I also accept the responsibility of informing the Brookhaven College Health Information Technology Program's division of any change in my status, address, telephone number, or other information that would affect my application status.
- _____ I acknowledge that if admitted to the Associate Degree Health Information Technology program, I may be assigned to clinical rotations at area healthcare facilities which may require additional proof of immunity or additional inoculations/immunizations. **I also acknowledge that I am required to have personal health care insurance coverage and submit documented proof to the Business Studies Division - HIT Program Director with my immunization records or, if I am accepted to the program, by the first day of class for the program.**
- _____ I am aware that if I am accepted to the program, I will be required to undergo an FBI criminal background check and fingerprinting prior to registration for Health Information Technology courses. I acknowledge that an additional criminal background check and mandatory drug screening prior to being allowed to attend a clinical rotation. I understand that the results of these screenings become the property of the Health Information Technology Department and will not be released to me or any other third party. I also understand that the outcome of these screenings may result in my dismissal from the Brookhaven College Health Information Technology Program.
- _____ I understand that clinical opportunities in the Health Information Technology Program may be limited for students without Social Security numbers and if accepted to the program, I am instructed to consult the Brookhaven College Multicultural Center prior to graduation from the program to inquire about obtaining a Social Security Number.
- _____ I understand that the purpose of this program is to prepare me to write the American Health Information Management Association (AHIMA) examination to become a Registered Health Information Technician (RHIT). In order to be eligible to take the RHIT exam, I must hold an associate's degree in Health Information Technology from a CAHIIM accredited HIT Program.
- _____ I acknowledge that if admitted to the Health Information Technology Program, I will be assigned to clinical rotations at area healthcare facilities (Professional Practice Experience {PPE} sites) where I will be solely responsible for providing my own transportation to and from the PPE sites to complete the required clinical hours towards my AAS degree.

Applicant's Signature

Date