

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 the date awarded:

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

BACCALAUREATE DEGREE

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

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 a 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 in Health Information Management (BS HIM) Program at Western Kentucky University.

My signature below indicates that:

-I have been fully informed of, understand, and agree with 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 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 agree to adhere to all course, program, and Western Kentucky University policies.

Date

Signature of Applicant

Rev. 8/2023

**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 learning management system, classroom, or laboratory setting is prohibited and will be grounds for dismissal from the program.
4. Any duplication of patient information is strictly prohibited and will result in dismissal from the program.
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 the clinical experience the student will be expected to follow the rules of both 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, will result in my dismissal from the program.

Student's Signature

Date

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

1. All program and academic advisement will be done in consultation with Health Information Management advisors.
2. Applicants for the program are selected based on the following criteria:

Admission Requirements

Acceptance into the baccalaureate degree HIM program is based on meeting the requirements below. There are no restrictions regarding age, sex, race, religion, disability, sexual orientation or marital status.

Applicants for the program are selected based upon the following criteria:

- a. successful completion of HIM 100 (or equivalent) with a grade of “C” or higher and an overall GPA of at least a 2.0.
- b. official acceptance to Western Kentucky University. Admission to the college or university does not guarantee admission to the program.
- c. formal application to the Program of Health Information Management.
Students must submit an application to the Program of Health Information Management by December 1 for admission to the spring semester and by May 1 for admission for the fall semester. (Students may enroll as “seeking program admission” for one semester prior to applying to the program.) The application may be obtained at wku.edu/healthinformationmanagement/.
- d. required criminal background check. (The criminal background check must be initiated through <https://candidate.precheck.com/StudentCheck> or a previous criminal background check completed within the past year may be submitted)
*The HIM Program Admissions Committee reserves the right to deny 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 a 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. 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.
- e. Additional items that may be considered for admission include personal and professional statement, previous awards, volunteer work, GPA, and other items in the application.

.initial: _____

3. According to University policy, a candidate for graduation must have a GPA of at least 2.0 (a) in all credits presented for graduation whether earned at WKU or elsewhere, (b) in all credits completed at WKU, (c) overall in the major subjects and in the minor subjects, and (d) in the major subjects and in the minor subjects completed at WKU.
4. Academic problems of individual students should be detected early and corrected, if possible, by counseling and tutoring. The student must successfully complete (grade C or above) all HIM prerequisites. A student who makes below "C" in any courses with the HIM, HCA or CIT prefix is required to repeat the course. Any student whose cumulative GPA for one semester is below 2.0 is encouraged to change into another field of study or continue in the program for a semester on a probationary basis. If the student chooses to continue and completes another semester with a cumulative GPA below 2.0, he/she will not be permitted to continue in the program. The student may apply for readmission once the cumulative GPA is 2.0 or above. In keeping with university policy, graduation from the program requires a minimum cumulative GPA of 2.0, a minimum WKU GPA of 2.0, and a minimum GPA of 2.0 in Health Information Management courses. The HIM program does not require a minor.
5. Unprofessional conduct or violation of the rules, regulations, or policies of the University of Health Information Management Program may result in dismissal from the program.
6. Responsibility for all living and travel expenses required for clinical experiences will be that of the student.
7. Students will be required to purchase professional liability insurance prior to the beginning of the Professional Practice Experience. At a minimum, students must have \$1,000,000/\$3,000,000 coverage.
8. 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. Information concerning Academic Health Plans (Student Health Insurance Plan) is available through the WKU Health Services website.
9. 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.
10. Students are required to participate in clinical practice throughout the curriculum and are required to provide their own transportation. The University is not responsible for providing such transportation.
11. 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 coursework 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.
12. Students will be required to complete professional practice experience. This course is required for graduation and tuition must be paid.
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.

Initial: _____

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.
15. Additional required documentation prior to the Professional Practice Experience includes:
 - a. proof of rubella, rubeola, and mumps immunity by positive antibody titers or 2 doses of MMR.
 - b. varicella immunity, by a 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 (two-step TB skin test [TST] or QuantiFERON –TB Gold [QFT-G] and/or chest x-ray results with appropriate follow-up within one month of PPE start date
 - f. negative drug screen (minimum 7 panels) within one month of the PPE start date (a positive drug screen will result in dismissal of the program and the student will not be able to participate in the Professional Practice Experience).
 - g. proof of student professional liability insurance. Insurance can be obtained through www.proliability.com. At a minimum, students must have \$1,000,000/\$3,000,000 coverage.
 - h. additional background check
 - i. any additional requirements by the clinical site

Copies of the above will be submitted to the PPE site upon request. Students who do not submit the above information by the deadline may be dropped from the program without further notice. Students may reapply to the program the following semester.

16. Students are required to have access to a personal computer capable of accessing the Blackboard learning management system and have audio and video capability. Browser compatibility information can be found at on the WKU Information Technology webpage.
17. Policies on advanced placement and transfer of credits can be found on the Transfer Page from wku.edu/healthinformationmanagement and must comply with university requirements. Experiential learning may be taken into account in the Professional Practice Experience course (HIM 495) upon completion of a professional portfolio.

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"), during the time of matriculation into the HIM program through my graduation. 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 all claims, demands, liabilities, controversies or causes of action, damages, costs, and/or expenses of any kind or nature whatsoever, that may 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 _____