



A LEADING AMERICAN UNIVERSITY WITH INTERNATIONAL REACH  
ALLIED HEALTH

**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:

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

MISCELLANEOUS DATA:

11. How did you learn about the health information profession? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. What influenced you to enter the health information profession? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. 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.)

14. Visit at least one health information department and complete the report of visit listed below. Call the  
director of the department and arrange an appointment for a visit.

**REPORT OF VISIT**

Date \_\_\_\_\_

**Health Information Department Visit**

Name of Hospital/Health Care Facility \_\_\_\_\_

Location \_\_\_\_\_

Date of Visit \_\_\_\_\_

RHIT/RHIA Interviewed \_\_\_\_\_

List functions observed:

Insights and reactions:

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

8/2014



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**SITE VISIT CONFIRMATION  
 PROGRAM OF HEALTH INFORMATION MANAGEMENT  
 Associate Degree**

As part of the application process to the Associate Degree Health Information Management Program, applicants are required to make a site visit to a healthcare facility and meet with either a Registered Health Information Technician (RHIT) or Registered Health Information Administrator (RHIA). Documentation confirming the visit must be kept in the applicant's file. Please provide the requested information and mail the completed form to:

Program of Health Information Management  
 WKU- 1906 College Heights Blvd.  
 Academic Complex Office 413  
 Bowling Green, KY 42101

Thank you for taking the time to contribute to the education of the future health information management professionals. Your support of the program is appreciated. Please feel free to call 270-745-3548 should you have any questions concerning either the application process or visit confirmation form.

Please Check Areas Addressed

<input type="checkbox"/>	Cancer Registry
<input type="checkbox"/>	Coding Systems
<input type="checkbox"/>	Deficiency Analysis
<input type="checkbox"/>	DRG/APC Assignment
<input type="checkbox"/>	Storage/Retrieval Systems
<input type="checkbox"/>	Electronic Patient Records
<input type="checkbox"/>	Patient Index
<input type="checkbox"/>	Quality Management
<input type="checkbox"/>	Security & Confidentiality
<input type="checkbox"/>	Other (Please List)
<input type="checkbox"/>	

Student Name \_\_\_\_\_

Facility \_\_\_\_\_

Date of Visit \_\_\_\_\_ Length \_\_\_\_\_

Was applicant on time for visit? \_\_\_\_\_

Was applicant dressed appropriately? \_\_\_\_\_

Did applicant ask relevant questions? \_\_\_\_\_

Additional comments:

8/14

Signature of RHIT/RHIA \_\_\_\_\_