



A LEADING AMERICAN UNIVERSITY WITH INTERNATIONAL REACH

ALLIED HEALTH

**APPLICATION FOR ADMISSION
PROGRAM OF HEALTH INFORMATION MANAGEMENT
BACCALAUREATE DEGREE**

Official acceptance to Western Kentucky University is a requirement for applying to the baccalaureate degree Health Information Management (BS HIM) program; program applications from non-WKU students will not be considered. Admission to the College of Health & Human Services or the University does not guarantee admission to the program. Acceptance into the baccalaureate (BS) program is based on a selective admission process and is based on space available. Applicants are considered on a competitive basis. There are no restrictions regarding age, sex, race, religion, disability, sexual orientation or marital status.

The BS HIM application consists of FOUR sections; incomplete applications will not be considered. Return all completed application materials to: Program Director, Health Information Management Program, WKU Academic Complex 413, 1906 College Heights Blvd., Bowling Green, KY 42101

Part I. General Information

1. Date _____ 2. When do you wish to enter the program? _____ Semester ____ Year

3. An earned associate degree in Health Information Management/Technology from a CAHIIM accredited program (see list of accredited programs at www.cahiim.org) is a requirement for applying to this program. Have you earned this degree?

YES (Please complete Parts II and III and submit the application.)

Name of school/college/university _____

Date of graduation _____

NO (You are not eligible to apply to this program at this time. Please note that the associate degree in HIM at WKU is CAHIIM accredited. Additional information can be found at <http://www.wku.edu/healthinformationmanagement/>.)

4. Do you currently hold the Registered Health Information Technician (RHIT) credential?

YES (Please attach a copy of current AHIMA membership card or certificate.)

NO

Part II. Demographic and Educational Information

1. Name _____
Last First Middle/Maiden/Other

2. WKU ID Number _____

3. Home Address _____
Number and Street

_____ City State Zip Code

4. Home Phone Number _____ 5. E-mail address _____

6. Present Address _____
Number and Street

_____ City State Zip Code

7. Present Phone Number _____ 8. Date of Birth _____

9. Emergency Contact _____

Address _____

Phone Number _____ Relationship _____

10. Information concerning previous colleges/universities attended:

Names/Dates Attended/Degree Earned

11. List all professional credentials/certifications and date awarded. _____

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

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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.)

PART III. Recommendation and Goals

The following must be submitted with the completed application:

- One letter of recommendation from a professional in the HIM field or work professional (individual cannot be a family member). Please contact the program director for approval of other references.
- 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 Health Information Management (BS HIM) Program at Western Kentucky University.

My signature below indicates that:

-I have been fully informed of, understand and agree to the Health Information Management (HIM) Program policies.

-I also authorize the HIM Program to release my criminal background check information and medical information to any and 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 understand that I will receive a copy of the HIM Student Handbook upon program admission in which additional policies may be included.

-I agree to adhere to all course, program and Western Kentucky University policies.

Date

Signature of Applicant