

Arkansas Tech University
Health Information Management Program
Application for Admission to Professional Program

If not currently enrolled at Tech, an ATU application must also be made in addition to the HIM application. Attach official copies of all transcripts and return to:

Arkansas Tech University
 Rothwell Hall, 453
 106 West O Street
 Russellville, AR 72801

Please print or type all information:

Personal Information

Anticipated Date of Enrollment _____ Email address _____

Name _____ T # _____

Present Address _____

City _____ State _____ Zip Code _____ Phone _____

Permanent Address _____

City _____ State _____ Zip Code _____ Phone _____

Do you have any physical problems that would require special help in the successful completion of this program? **Yes () No () If yes, please explain:**

Employment History

Please list any position you have held over the last five years.

Dates	Place of Employment	Positions/Duties

Educational Background

Colleges or Universities - Please Attach Transcripts

School Name	City/State	Attendance Dates	Degree Earned

Scholastic honors / leadership roles: _____

Civic or scholastic activities: _____

Overall GPA: _____

Fill in the grade you received in each of the required courses listed below:

TECH 1001 Orientation to the University	_____	AHS 2013 Medical Terminology	_____
ENGL 1023 English Composition I	_____	BIOL 2004 Human Anatomy And Physiology Science (4 hours)	_____
ENGL 1023 English Composition II	_____	US History or Gov't (3 hours – Please list)	_____
MATH 1113 College Algebra	_____	Social Science Electives (6 hours – Please list)	_____
COMM2003 Public Speaking	_____	_____	_____
AHS 1023 Basic Pharm. And Microbiology	_____	_____	_____
BUAD 2003 Business Info. Systems	_____	Fine Arts/Humanities (6 hours – Please list)	_____
COMS 2233 Intro. To Databases	_____	_____	_____
BDA Business Problem Solving	_____	_____	_____

Letters of Reference

Please provide two letters of reference, or use the attached student recommendation forms, one of which should be from a faculty member. These may either accompany the application or be sent directly to the application address.

Questions

Please write your answers to the following questions on a separate sheet of paper. They will be used to evaluate content and written communication skills. (Approximately 50 to 100 words for each)

1. What are the factors about Health Information Management that make it appealing to you as a career choice?
2. How do you see a career in Health Information Management contributing your life goals and objectives?
3. How did you learn about the Health Information Management Career Field?

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I affirm that the information I have provided on this application form and all other admission application materials is complete, accurate, and true to the best of my knowledge.

Legal Signature of Applicant

Date

Please return application and materials to:

Arkansas Tech University
Rothwell Hall, 453
106 West O Street
Russellville, AR 72801

You may also scan in materials and e-mail to sdaniel8@atu.edu.

**Arkansas Tech University
Health Information Management Program
Student Recommendation Form**

Name: _____
Last
First
Middle

To be completed by Evaluator: (Please email or mail this form to: sdaniel8@atu.edu, Allied Health Programs, Arkansas Tech University, Rothwell 453, 106 West O Street, Russellville, AR 72801)

	Superior	Good	Fair	Poor	Unable to Judge
Leadership ability					
Academic performance					
Dependability					
Ability to work with others					
Ability to work independently					
Initiative					
Integrity					
Oral communication skills					
Written communication skills					
Attitude					

How well do you know the applicant? ___not well ___somewhat ___well ___very well

How long have you known the applicant? _____

Evaluator's name: _____

Telephone: _____ Email: _____

What is your professional relationship to the applicant?

___ Professor ___ supervisor ___ academic advisor ___ employer

___ Other (please explain) _____

Overall recommendation:

- ___ recommend most highly
- ___ strongly recommend
- ___ recommend
- ___ recommend with some reservations
- ___ do not recommend

Evaluator's signature: _____

Date: _____

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