

List of Membership in Professional Organizations (e.g. American Health Information Association) and current credentials or certifications:

Professional Organization	Type of Membership or Credential	Membership Number	Expiration Date

List of three professional references:

Name	Relationship	Phone Number
		- -
		- -
		- -

PLEASE READ CAREFULLY AND SIGN BELOW

I certify that the information on this application is complete and accurate to the best of my knowledge. I understand that withholding information or giving false information may make me ineligible for admission and enrollment. I release from all liability or damages those persons, agencies, or organizations who may furnish information in connection with my application for admission. I understand a criminal record may hinder my ability to complete this program. If accepted, I agree to read and abide by all college policies and procedures.

Signature: _____ Date: _____

Type First Name

Type Last Name

Application Packet for Admission to the HIM Program must include all of the following:

- Completed/typed Application for Admission-Health Information Management (HIM) AAS Degree (this form)
- Letter of Intent explaining your interest in the field of HIM and why you want to become a Registered Health Information Technician
- Current Resume
- Signed Online Learning Equipment & Skills Requirements Checklist
- Official Transcripts, if you took any General Education classes at a college(s) other than CAC

Send Complete Application Packet to:

Dr. Sandra Brightwell, RHIA, FAHIMA
sandra.brightwell@centralaz.edu