



# Application for Admission Health Information Management AAS Degree

Please type this fillable form. Handwritten applications will not be accepted.

Please select one pathway:

Data Management

Revenue Management

## Personal Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Student ID Number: **880-**

ID number is issued to students admitted to Central Arizona College.

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

E-mail Address: \_\_\_\_\_

## Education:

Name/City/State	Dates Attended		Diploma/Degree Awarded
	FROM Month/Year	TO Month/Year	
<b>High School</b>			
<b>College/University</b>			

## Transcripts from Colleges/Universities previously attended (included in the HIM packet) :

Attended From Month/Year	Attended To Month/Year	Name of College/University	City and State of College/University

## Employment History/List the last four employers:

Name of Employer, City and State	Position	Employed FROM Month/Year	Employed TO Month/Year	Reason for leaving

**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