

**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  
 Dean, Suite 201  
 402 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:**

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**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:**

ENGL 1013 English Composition I	_____	AHS 2013 Medical Terminology	_____
ENGL 1023 English Composition II	_____	PE (2 credit hours of activities)	_____
MATH 1113 College Algebra.	_____	BIOL 2004 Human Anatomy and Physiology	_____
BIOL 1014 Intro. to Biological Sci.	_____	ACCT 2003 Princ. of Accounting I	_____
MGMT 2013 MGMT Prod. Tools	_____	COMS 2233 Intro. to Databases	_____
SPH 2003 Public Speaking	_____	Social Science Electives (12 hours - please list)	_____
CHEM 1114 Survey of Chemistry or	_____	_____	_____
PHYS 1021/1013 Physical Science	_____	_____	_____
AHS 1023 Basic Pharm. And Microbiology	_____	Electives - 6 hours - please list	_____
		_____	_____
		_____	_____

**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.

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. Your filing area supervisor has just resigned because she is leaving the area. You need to hire a new supervisor. What qualities would you look for in the person whom you hire and why? (50 - 100 words)

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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:

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Russellville, AR 72801

**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: [mwilkins@atu.edu](mailto:mwilkins@atu.edu), Allied Health Programs, Arkansas Tech University, Dean Suite 201, 402 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: \_\_\_\_\_

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

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Middle

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