

**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.**

<b>Dates</b>	<b>Place of Employment</b>	<b>Positions/Duties</b>

**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:

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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: \_\_\_\_\_

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Health Information Management Program  
Student Recommendation Form**

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Date: \_\_\_\_\_