HEALTH INFORMATION TECHNOLOGY AND MANAGEMENT

APPLICATION PACKET

Health Information Training and Management Program
Participant Application Form

APPLICANT DATA			
Applicant Name:	FIRST:	MIDDLE (INITIAL):	LAST:
Social Security Number:			
LCCC Student ID:			
Address:			
City, State, Zip:			
Phone:			
Email Address:			
Date of Birth (mm/dd/yyyy):			
Sex:	☐ Male	☐ Female	
Is applicant currently employed:	☐ Yes	☐ No	
If yes, employment status:	☐ Full-time	☐ Part-time	
If yes, name of employer:			
Employer's mailing address:			
City, State, Zip:			
Current hourly wage:			
Veteran:	☐ Yes	☐ No	
Trade Adjustment	☐ Yes	☐ No	
1st Generation College Student: *(Did your parents complete a College degree?)*	☐ Yes	☐ No	
Applicant is a U.S. Citizen or Legal Resident	☐ Yes	☐ No	

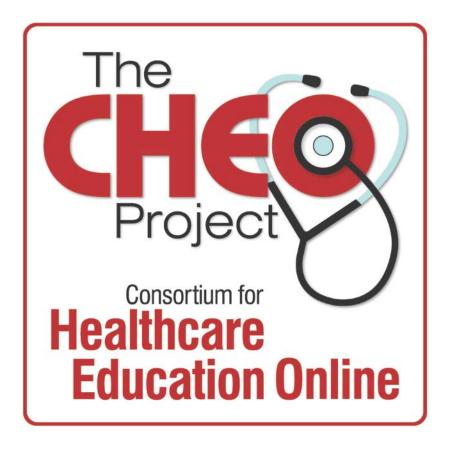| I certify that the above information is correct to the best of my knowledge, and I agree that this information may be released to the Consortium for Healthcare Education Online (CHEO).	
Applicant Signature:	Date:
I certify that the above information is correct to the best of my knowledge. I agree to protect the confidentiality of the applicant's information and to use the information for authorized statistical purposes only.	
HITM Program Representative:	Date

Instructions

All applicants must complete an Application Packet. Failure to provide the requested information will result in disqualification from participating in the program.

Participant files must be kept for 4 years following program exit date.

Laramie County Community College
Attn: HITM Program
1400 E College Drive
Cheyenne, WY 82007

GOALS

Demonstrating commitment to our program is one of the single greatest areas of importance we look at when determining your suitability for HITM. Please take time to seriously consider your goals and desired outcomes after graduating from our professional training. "A goal not written is only a wish."

1. Why are you interested in HITM? _____

_____

_____

_____

2. What are your career goals? _____

_____

_____

_____

3. What are your educational goals?

_____

_____

_____

4. What are your personal goals? _____

_____

_____

_____

5. How much time are you willing to commit to studying for your classes?

_____

_____

_____

Applicant Signature: _____   Date: _____

HEALTH INFORMATION TECHNOLOGY & MANAGEMENT ESSAY

Name: _____   Date: _____

In order for HITM to determine your motivation and commitment to the program, we would like you to take a moment to write a paragraph or two explaining why you should be considered for enrollment into the program. Use additional paper if necessary. Items to include in your essay are as follows:

1. What do you know about the career training you are pursuing and why are you applying for this career path?
2. Why do you feel you are ready to enroll in the Health Information Technology & Management program?
3. What is your commitment level to participate? Explain your level of commitment to the program.
4. How do you feel you can obtain your goals through our training?

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

CHECKLIST

☐ I submitted an LCCC application for Admissions

Date: _____

☐ Official Transcripts were requested on the following dates:

Date: _____   Institution: _____

Date: _____   Institution: _____

Date: _____   Institution: _____

Date: _____   Institution: _____

☐ Student transcripts are enclosed with this application.

☐ I understand that it is my responsibility to furnish *all* the required paperwork and that an incomplete application will be ineligible for consideration.

_____   _____

Signature   Date

Please send this *completed* application packet to:

Health Information Technology & Management Program
Laramie County Community College
1400 E College Drive
Cheyenne, WY 82007
307.432.1686 • lccc.wy.edu