



Health Information Management Program Application 2016-2017 Forms Packet

FORM 1 CONDITIONS FOR APPLICATION

Complete all portions of this form as directed. List name as indicated in [myLane](#)

L# _____ FIRST _____ LAST _____

E-mail - required _____ 1st Phone _____ 2nd Phone _____

All courses were taken at LCC

Official Transcripts from other colleges have been submitted to Lane Enrollment Services – Attention: HP Transcript –
Lane Community College - 4000 East 30th Ave, Eugene, OR 97405

Application Conditions and Program Progression Completion Requirements

In submitting my HIM program application by email to HPApplicationCenter@lanecc.edu, I affirm the following:

- I took all of my prerequisite courses at Lane Community College,
OR I have submitted official, sealed transcripts from colleges other than Lane to Lane Enrollment Services.
- I have completed the [LCC Credit Admission](#) process and have an L number.
OR I have previously taken credit classes at Lane and have an L number.
- I have completed the Health Information Management On-line Admissions Application & Payment process, including paying the **\$35 non-refundable** application fee.
- I understand all information in the Fall 2016 Health Information Management Application Information Packet. **I am NOT considered an applicant to the program unless all required forms and documentation are completed and submitted according to application instructions prior to the application deadline.**
- My application will not be returned and I am responsible for making a personal copy.
- I understand I must complete the courses in the Basic Healthcare Certificate by Spring term to apply for Fall 2017.
- I have read the Fall Enrollment Requirement Section and understand I must attend the mandatory orientation and comply with all other enrollment requirements if I am accepted or considered a program alternate. I understand that should I be accepted into the program, conditions of enrollment require a physical exam, immunizations, and appropriate CPR certification. HIT280 HIM Co-op requires a criminal background check, drug screening, and health insurance, and I am responsible for paying for these expenses.
- I am aware that the Health Information Management Program is an online program with lecture courses delivered in an online guided instruction format. I will have the required equipment, software and internet access to fully participate from the first day of the term I am accepted for.
- I understand it is my responsibility to complete all program requirements for degree completion.
- I hereby attest that all application information and documentation I have submitted in this packet is accurate and authentic.

**Submit all supporting documentation attached to
ONE e-mail by the deadline:**

Health Professions Application Center

HPApplicationCenter@lanecc.edu

Subject:

Student Name L Number HIM Application

Change file name to:

HIM2016LastNameLNumber

On the same date or before:

**Lane Transcript and/or submitted transcripts to
[Enrollment Services](#) reflect courses and degree(s) listed on
Point Petition Sheet.**

**Online Health Information Management Program
Admissions Application and Payment has been submitted.**

FORM 2 COURSE PETITION SHEET		Lane HIM 2016-2017	
See 2016 Health Information Management Application Information Packet for application requirements and for Course Equivalency & Transfer requirements if course was not taken at Lane.		Courses <u>must meet</u> minimum credit requirement shown. Minimum criteria is grade of C or higher, C- grades are ineligible.	
Part A. Courses must be completed and on an official transcript to list on application.	Course/School	Term/Year	Credits
Items 1 & 2: Medical Terminology and Administrative Office Procedures Requirements:			
HO 100 (3 Cr)			
HO 110 (3 Cr)			
Item 3: Mathematics Requirement: <i>placement testing must be within the last 5 years, meets application requirement only; not worth points</i>			
MTH 052 or higher (3 / 4 Cr),			
OR tested into MTH065, or higher			N/A
Item 4: Choice of Concepts of Computing or Computer Fundamentals Requirement: within the last 5 years			
CS 120 (4 Cr) OR			
CIS 101 (3 Cr)			
Item 5: Writing Requirement:			
WR 121, 122, 123, or 227 (3 / 4 Cr)			
OR Prior Bachelor's degree, must appear on a submitted transcript			N/A
Item 6: Choice of either both Human Body Systems OR all three Human Anatomy and Physiology (3 courses): <i>mixed combinations of HO and BI do not count. HO 152 must be within the last 5 years and BI 233 must be within the last 7 year.</i>			
HO 150 (3 Cr)			
AND HO 152 (3 Cr) OR			
BI 231 (4 Cr)			
AND BI 232 (4 Cr)			
AND BI 233 (4 Cr)			
Notice: Fall 2017 Program Entry - Prerequisite Courses (Basic Healthcare Certificate) will need to be completed prior to application.			
Part B. Additional Items			
Military Experience: Submit copy of DD214			
List Professional certificates, college certificates, and degrees: HRT, Medical Coding, Associate, Bachelors, masters, or higher.			

Be sure to do the Online Application and Payment Process to complete your final step to apply to the HIM Program.
List any additional information that didn't fit into spaces provided above: