



**EDISON STATE COLLEGE
APPLICATION FOR ADMISSION TO THE
HEALTH INFORMATION MANAGEMENT PROGRAM (HIM)
HEALTH PROFESSIONS**

Edison State College is an Equal Access Institution

NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

TELEPHONE NUMBERS

HOME () _____ **CELL** () _____

WORK () _____ **E-MAIL ADDRESS** _____

EDISON ID NUMBER @ _____

SOCIAL SECURITY NUMBER _____

Are you currently enrolled as an ESC student? yes _____ no _____

If not, have you applied for admission to the college? ***(You must apply to ESC also)*** yes _____ no _____

Please indicate the grades you received in the prerequisites. (This will be verified with your transcript). Prerequisites must be completed by application deadline to qualify for admission.

	<u>Grade</u>	<u>Name of school where taken</u>
BSC 1080 (<i>Human Biology</i>)	_____	_____
MAC 1105 (<i>College Algebra</i>)	_____	_____
BSC 1093C (<i>Anatomy and Physiology I</i>)	_____	_____
CGS 1100 (<i>Microcomputer Skills</i>)	_____	_____

Please indicate if you have taken any of the general education courses required in the HIM program, the grade you received and the name of the school where the class was taken. (This will be verified with your transcript).

	<u>Grade</u>	<u>Name of school where taken</u>
ENC 1101(<i>English Composition I</i>)	_____	_____
HUM Elective (<i>Part A or B</i>)	_____	_____
PSY 2012 (<i>General Psychology</i>)	_____	_____
HSC 1531 (<i>Medical Terminology</i>)	_____	_____
SPC 1600 (<i>Speech</i>)	_____	_____
BSC 1094C (<i>Anatomy & Physiology II</i>)	_____	_____
Humanities Course Name and Number	_____	_____

If you have completed college courses, please attach a copy of all your transcripts. It is the applicant's responsibility to obtain and attach this information.

Application paperwork includes: Program application, receipt of \$15.00 application fee and copies of transcripts. **(Remember: Official transcripts must be sent to the Registration office along with your Edison State College Application).**

Current employment: Organization _____
Address _____
Your position _____

Briefly identify your past experience with health care: Documentation will need to be attached if you have experience directly related to Health Information Management.