



HEALTH INFORMATION MANAGEMENT APPLICATION FOR ADMISSION

FOR OFFICE USE (DO NOT WRITE IN THIS SPACE)

App rc'd ____/____/____ Interview ____/____/____ Accepted ____/____/____
HS/GED ____/____/____ GPA _____ TASP ____ yes Transcripts ____ yes Xfer or Return

Please check the program you are applying for: ☐ AAS Degree ☐ Medical Coding Certificate

(Please print in ink or type)

Last Name _____ ACC Student ID# _____

First Name _____ Middle Name _____

Suffix (Jr., II, etc) _____ Other last names
you have had _____

Mailing Address _____
Street, PO Box, rural route, etc City State Zip

Permanent Address (If different) _____
Street, PO Box, rural route, etc City State Zip

Home phone # (____) _____ - _____ Work phone # (____) _____ - _____

Mobile phone # (____) _____ - _____

County of residence _____ E-mail _____

Emergency Notification (spouse, parent, guardian, etc): _____

Address _____ Telephone # (____) _____ - _____
Street City State Zip

Citizenship: ☐ U.S. Citizen ☐ Permanent Resident Alien ☐ International Student

PERMANENT RESIDENT ALIEN INFORMATION

Country of Citizenship _____ Resident Card Number _____

Are you currently enrolled in a college or university? ☐ YES ☐ NO

If yes, name of institution & city/state: _____

List all courses in which you are currently enrolled: _____

COLLEGES / UNIVERSITIES ATTENDED (Vocational, 2-year and/or 4-year)

School name/city/state	Major & Degree earned	Dates attended
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CREDENTIALS / LICENSES

Do you have any of the following degrees: ☐ Associate Degree Nursing ☐ Respiratory Care ☐ Electroneurodiagnostic ☐ National Registry Paramedic

Type	Institution name	City	State	Dates attended
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Please check what your status will be at ACC

☐ Full Time Student ☐ Part Time Student

I certify that information given on this application is correct and complete. I understand that miss-representation or omission of information will make me ineligible for admission to, or continuation in, the Alvin Community College Health Information Management Program. If applying on line, signature will be obtained at the information meeting.

Legal signature of applicant

Date