Florida A&M University
School of Allied Health Sciences
Division of Health Care Management

Bachelor of Science in Health Care Management

Professional Program
(BSHCM)

Application Packet
Dear Prospective Applicant:

Thank you for your interest in the Bachelor of Science degree program in Health Care Management. This application is for the Professional phase of the curriculum. **All students, including AA-Transfer students, must complete and submit this application, in order to progress in the Professional program.** At this point in your education, you should be enrolled in your last Pre-Professional courses and should have **no more than 75 credit hours.**

Beginning fall 2013, all students admitted to the Professional program will follow the “new” curriculum. **The new curriculum includes two new courses: HSA4191 Information Systems Management in Health Care and HSA4922 Capstone: Health Care Management.** These courses will replace two elective courses in the current Professional curriculum.

The primary mission of the Division of Health Care Management at Florida A&M University is to provide high quality education in the theoretical and technical aspects of health services administration to aspiring and practicing health care managers. The undergraduate curriculum is designed to develop the knowledge, attitude, and skills required for entry-level managerial positions in various settings. These settings include hospitals, ambulatory care facilities, wellness centers, medical group practices, government agencies, insurance corporations, mental health agencies, managed care organizations, hospice agencies and long-term care facilities.

To be admitted into the Professional program students must:

1. Complete and submit an application by **October 15th for the fall term, March 15th for the spring term and June 1st for the summer term.**
2. Submit official transcripts from all colleges and/or universities attended, **outside of FAMU.**
3. Have a minimum cumulative grade point average (GPA) of 2.0.
4. Undergo a criminal background check **prior to internship.** Students must bear the cost of the background check.

Students are admitted in the fall, spring and summer semesters of each academic year. The application deadline is October 15th for the fall term, March 15th for the spring term and June 1st for summer term. Place all materials (transcript(s), application, letters of recommendation, and autobiographical essay) in one large envelope and send to the following address:

**Admission Chairperson**  
**Division of Health Care Management**  
**School of Allied Health Sciences**  
**Room 314, Lewis - Beck Allied Health Sciences Building**  
**Florida A&M University**  
**Tallahassee, Florida 32307**
If further information is needed, please feel free to call the HCM Division Office at 850-412-5323 or 850-599-3818. Information about admission to the University can be found on the website, www.famu.edu or by contacting the Admissions Office as listed below:

Florida A&M University  
Office of Admissions  
Tallahassee, FL 32307  
850-599-3796

Sincerely,

Marisa A. Lewis

Marisa A. Lewis, PharmD, MPH  
Director and Assoc. Professor  
Division of Health Care Management

Enclosure(s)
Guidelines for Letters of Recommendation

We are requesting that you obtain two professional letters of recommendation from persons who have taught you or worked with you (i.e. professors, supervisor at work, academic advisors). Ideally, the recommender should have known you for at least one semester, for a teacher or one year if any one else. **Recommendations from family members, family friends, personal friends, and your Pastor are NOT acceptable. All recommendation letters must be signed and dated. No exceptions!**

Please find enclosed a copy of a recommendation request letter you may use in requesting a letter of recommendation. Print/type your name as indicated and give one copy of the enclosed letter to each person you have asked to write a letter of recommendation. Inform the persons who will write letters to: sign and date the letter, place the letter in a sealed envelope, and give it to you for inclusion in your application packet or send it to the address listed on page one. **Recommendation letters must be signed.**

If you have any questions regarding this or other phases of the application process, please feel free to telephone or write.

Thank You.
Division of Health Care Management
School of Allied Health Sciences

Application for Admission to the Professional Program

Please complete and return this application to the Admission Chairperson, Division of Health Care Management, School of Allied Health Sciences, Florida A&M University, Tallahassee, Florida 32307.

Have you previously applied for admission to a professional program in Health Care Management within the School of Allied Health Sciences?
☐ Yes ☐ No

If yes, give date and name of program? __________________________________________

Last Name ___________________________ First Name ___________________________
MI ________________________________ Maiden ___________________________
SID#: ______________________________

Permanent Address: Street, City, State, Zip County Telephone Number W/area code

Birth Date ___________________________ Sex/Gender ___________________________
Age ________________________________ Race _________________________________

Present Address: Street, City, State, Zip County Cellular (area code)

Email Address: ________________________________

NOTE: All communications will be sent to your permanent address unless otherwise requested.

Name of Parents, Guardian, Spouse Relationship

Present Address: Street, City, State, Zip Telephone Number W/area code

List all undergraduate college universities, or professional schools, beginning with the current or most recently attended institution. Please provide an official copy of your transcript(s). If you have attended institution(s) outside the State of Florida, please provide an official copy of course descriptions (university or college catalog) as well as an official copy of your transcript.

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<th>Institution</th>
<th>Address: City &amp; State</th>
<th>Major</th>
<th>Dates of Attendance</th>
<th>Degree or Hours Earned</th>
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Provide a response to the questions below in the space provided or attach a separate sheet and return it with the completed application.

1. Why are you interested in applying to the Division of Health Care Management at FAMU, and how did you hear about the Health Care Management program at FAMU?

2. Have you ever worked in a health related agency, as an employee or on a voluntary basis? If so, please provide the name (s), date (s) of employment, and employment status (full or part-time) and your position/title.

3. Is the agency where you now work sponsoring your education?
   □ Yes □ No
   
   If support is provided, it is  □ Full □ Partial

   Will you have any obligation to the agency during or after your educational experience?
   □ Yes □ No

   If yes, explain.

4. Have you ever been placed on probation or dismissed from a Health Care Management program or any other Allied Health program?
   □ Yes □ No

   If yes, please explain.

I understand that (1) it is my responsibility to insure that all application materials are received by the deadline date (s) and (2) that withholding or giving false information will make me ineligible for admission and enrollment.

___________________________________  __________________
Applicant’s Signature                Date
To Whom It May Concern:

The person who has given you this letter is in the process of applying for admission to the Division of Health Care Management’s professional phase of the curriculum. If the applicant is accepted and successfully completes the program requirements, the Bachelor of Science degree in Health Care Management will be awarded by Florida A&M University.

Would you be so kind as to provide this applicant with a letter of recommendation expressing your opinion regarding the applicant’s leadership ability, communication skills, character, personality, maturity, and initiative. Also, please include any strengths or weakness which you feel may contribute to his/her performance in the field of Health Care Management. Please put the signed, dated letter in a sealed envelope and give it to the applicant to submit with his/her packet.

All information provided by you will be held in strict confidence. No action will be taken by the Admissions Committee until we have received the letter of recommendation. Therefore, we appreciate a timely response.

Thank you,

Division of Health Care Management
Guidelines for the Career Essay

With this application, please submit a brief essay indicating your reasons for selecting the Health Care Management field and your career goals. Maximum 300 words.

Admission Process
Division of Health Care Management

The Admission Committee of the Division of Health Care Management (HCM) reviews all applications. Some students may be interviewed, in person or by phone. Once the application has been reviewed a decision will be made to: Accept without reservation; Accept Conditionally; Hold for additional information (e.g. semester grades) or Deny. Within the semester of application, a letter will be sent to the student informing him/her of the committees’ decision.
Application Check List

Before mailing\submitting this application, please verify that the following items are included in the packet:

___ Application for Admission.

___ Copy of Transcript(s) (FAMU transcript from iRattler). Minimum GPA of 2.0.

___ Letters of Recommendation (2) **(Letters must be signed) **See page 4.

___ Autobiographical Essay (Typed without errors).

Revision: 9.23.13