Dear Prospective Applicant:

Thank you for your interest in the Bachelor of Science degree program in Health Care Management. We are pleased to forward you this application for admissions into the professional program.

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 aimed at developing the knowledge, attitude, and skills that are required to function in managerial positions in hospitals, ambulatory care facilities, wellness centers, medical corporations, insurance corporations, public health agencies, mental agencies, health maintenance organizations, hospice agencies, and planning agencies.

To be admitted into the professional program students must:

1. Secure and complete an application for admission to the Division’s office by March 15th for the Spring term on October 15th for the Fall term.

2. Submit OFFICIAL transcripts from ALL colleges and/or universities attended.

3. Have completed and maintained a grade point average (GPA) of 2.5 in the pre-requisite course.

All students admitted to the professional program, and prior to must undergo a criminal background check prior to internship; the cost of this background check is usually less than $100.00. Students must bear the cost of this background check.

Students are admitted in the Fall and Spring semesters of each academic year. The application deadline is March 15th for the Spring term and October 15th for the Fall term. Please forward all materials in one packet to the following address:

Admissions Chairperson
Division of Health Care Management
School of Allied Health Sciences
Room 314, Lewis-Beck Building
Florida A&M University
Tallahassee, Florida 32307
If further information is needed, please feel free to call the Division at 850-412-5323. Information concerning University admission and application to the University may be obtained from:

Florida A&M University  
Office of the Registrar  
Admissions Section  
Tallahassee, FL 32307  
850-599-3115

Sincerely,

Martha Perryman

Martha M. Perryman, Ph.D., MBA, MT(ASCP)  
Professor and Interim Director  
Division of Health Care Management

Enclosure(s)
TO: All Prospective Applicants

FROM: Division of Health Care Management

RE: Letters of Recommendation

Because of the number of persons applying for admission to the Division of Health Care Management, we are requesting that you assume the responsibility for obtaining two letters of recommendation from any professional person that have known or worked with you (i.e. professors, co-worker). This procedure will expedite the processing of your application.

Please find enclosed copies of the recommendation request letters you may use in requesting a letter of recommendation. Print your name as indicated and give one copy of the enclosed letters to each of the persons you have selected to write a letter of recommendation. Request each person to write a letter of recommendation, place it in a sealed envelope, and give it to send with our admission packet.

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

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 the School of Allied Health Sciences?
☐ Yes ☐ No

If yes, give date and name of program? ____________________________________________________________

Last Name     First Name     MI     Maiden     SSN:

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

Birth Date     Age     Race     Sex     Date of expected into Program (Semester and Year)

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

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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* This information is requested to provide statistical data in compliance with Board of Regents Rule 6C-.001.
Admission Process  
Division of Health Care Management

The Admission Committee of the Division of Health Care Management will consider applications of candidates who present evidence of the following qualifications:

1. Secure and complete an application for admission to the Division’s office by March 15th for the spring term and October 15th for fall term.

2. Submit OFFICIAL transcripts from ALL colleges and/or universities attended.

3. Have completed and maintained a grade point average (GPA) of a 2.5 or better.

4. Submit a brief typed autobiographical essay (300 words) describing yourself and indicating your reasons for desiring to enter the profession of Health Care Management.

5. Two letters of recommendation from professional persons who have known you for at least two years.

6. All candidates will be interviewed by the Admissions Committee.
RE: ________________________________

(Applicant, please print your full name)

To Whom It May Concern:

The person who has given this letter is in the process of applying for admission to the Division of Health Care Management. If the applicant is accepted and successfully completes the program requirements, the Bachelor of Science degree in Health Care Management will be upon him/her 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 letter in a sealed envelope and give it to the applicant to send to us.

All information provided by you will be held in strict confidence. No action will be taken by the Admission Committee until we have received the letter of recommendation. Therefore, we would appreciate an early reply.

Thank you,

Division of Health Care Management
Please submit with this application a brief autobiographical essay indicating your reasons for desiring to enter Health Care Management. In addition, include discussions of any related employment or volunteer experiences, academic honors, etc.

Please answer the following questions in the space provided or attach a separate sheet and return with the completed application.

1. Please explain how you became interested in the field of Health Care Management.

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

3. Have you ever worked with a health related agency on an employed or voluntary basis? If so, please provide the name(s), address(es), date(s) of employment, and employment status (full or part-time). Describe briefly your duties in each agency.

4. Is the agency where you now work sponsoring your application to this program?
   - □ Yes  □ No
   - If support is provided, it is  □ Full  □ Partial
   - Will you have obligation to the agency during your school experience?  □ Yes  □ No
   - If yes, explain.

5. 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
Application Check List

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

___ Application for Admission to the Division of Health Care Management.
___ Copy of Transcript (s)
___ Professional Letters of Recommendation (2)
___ Autobiographical Essay