Dear Prospective Applicant,

Enclosed you will find information concerning the Health Information Management program at Florida A&M University.

Health Information Management is concerned with the development, implementation, maintenance, and management of systems of storage, retrieval, and release of patient health information. In most health care facilities, the Health Information Manager functions as a department head in charge of other employees who are performing tasks as diverse as coding diseases and operations; providing research data to other health professionals; answering informational needs of lawyers, physicians, insurance and governmental agencies; and insuring the accuracy and confidentiality of recorded patient information.

To be admitted into the Division of Health Information Management, an applicant must be accepted by the University and must also apply for admission to the Division of Health Information Management. Admission into the University DOES NOT guarantee acceptance into the Division of Health Information Management. The admissions criteria for the Division of Health Information Management are outlined in the materials provided.

Students are admitted in the Fall and Spring Semesters of each year. The application deadline is the end of the second week in May for Fall Semester and the end of the second week in November for the Spring Semester. Please forward all material (i.e., copy of transcript(s), application for admission, letters of recommendation, and autobiographical essay) in one packet to the following address:

Admissions Committee
Division of Health Information Management
School of Allied Health Sciences
Florida A&M University
Tallahassee, Florida 32307

If further information is needed, please feel free to call the Division at (850) 599-3818. Information concerning admission to the University may be obtained from:

Office of Admissions
Florida A&M University
Foote-Hilyer Administration Center Suite G9
Tallahassee, FL 32307
(850) 599-3796
www.famu.edu

Sincerely,

Division of Health Information Management
Admission to the Division of Health Information Management (HIM) is a two-step process. First, an applicant must be admitted to the University. Second, the Admissions Committee of the Division of HIM must accept the student. Acceptance into the University does not guarantee admission into the Division. The requirements and procedures for admission to the University are outlined in the FAMU Catalog.

ADMISSIONS CRITERIA:
The Admissions Committee of the Division of HIM will consider applications of candidates who present evidence of the following admissions criteria:

1. Acceptance into the University.

2. Completed Application for Admission to the Division of Health Information Management.

3. Official transcripts from all colleges and/or universities attended. Official course syllabi or course descriptions for all courses not taken at a Florida college or university.

4. Minimum overall GPA of 2.5 and a grade of “C” or better in all pre-professional course work.

5. Typed autobiographical essay of at least 300 words indicating reasons for desiring to enter the health information management profession.

6. Two letters of recommendation.

7. The Admissions Committee may interview applicants.

Students must clear a criminal background check to be eligible to participate in the clinical component of the curriculum.

Admission is by selection and is based on the evaluation of overall GPA, grade trends, letters of recommendation, and admission to the University.

The applicant is notified of acceptance/denial of admission in writing within a reasonable time period following the decision.
TO:             Prospective Applicant

FROM:          Admissions Committee
               Division of Health Information Management

SUBJECT:       Letters of Recommendation

The Division of Health Information Management is requesting that you assume the responsibility for obtaining two letters of recommendation from those persons you have selected.

Please find enclosed a copy of the recommendation request letter you may use in requesting a letter of recommendation. Print your name as indicated and give one copy of the enclosed letter 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 you to include in your admission packet.

If you have any questions regarding this or other phases of the application process, please feel free to telephone (850) 599-3818 or e-mail (marjorie.mcneill@famu.edu).
RE: _______________________________________________________
(Full Name of Applicant)

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 Information Management. If the applicant is accepted and successfully completes the program requirements, the Bachelor of Science degree in Health Information Management will be conferred upon him/her by Florida A&M University.

Please provide this applicant with a letter of recommendation expressing your opinion regarding her/his leadership, ability, communication skills, character, personality, motivation, maturity, and initiative. Also, include any strengths or weaknesses which you feel may contribute to his/her performance in the field of Health Information Management. Place 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 Admissions Committee until we have received the letter of recommendation. Therefore, we would appreciate an early reply.

Thank you.

Admissions Committee
Division of Health Information Management
School of Allied Health Sciences
Florida A&M University
Tallahassee, FL 32307
(850) 599-3818
APPLICATION CHECK LIST

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

☐ Application for Admission to the Division of Health Information Management

☐ Copy of transcripts from all colleges/universities attended

☐ Two letters of recommendation

☐ Autobiographical essay
DIVISION OF HEALTH INFORMATION MANAGEMENT
SCHOOL OF ALLIED HEALTH SCIENCES
FLORIDA A&M UNIVERSITY

APPLICATION FOR ADMISSION

Please complete and return this application to:

Applying for Professional Program:
Semester ____________
Year ___________________

Admissions Committee
Division of Health Information 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 at Florida A&M University? □ yes □ no
If yes, give name of program and date of application.

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

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List all undergraduate colleges, 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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Please submit with this application a brief autobiographical essay (at least 300 words) indicating your reasons for desiring to enter the Health Information Management profession. Include discussions of any related employment or volunteer experience, academic honors, extracurricular activities, etc. Also, address your future career plans and goals.

Please answer the following questions in the space provided and return them with the completed application.

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

2. Why are you interested in applying to the Division of Health Information Management at FAMU? How did you hear about the Health Information Management Program at FAMU?
3. Have you ever worked in a Health Information Management (Medical Record) Department? 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 this setting.

4. Have you toured a Health Information Management (Medical Record) Department at a healthcare facility recently? □ yes □ no

If yes, give name of healthcare facility.

Have you spoken with a Health Information Management Professional recently? □ yes □ no

If yes, give name, title, and healthcare facility.

5. Have you ever been placed on probation or dismissed from a Health Information Management program or any other Allied Health program? □ yes □ no

If yes, please explain.

I understand the following: (1) It is my responsibility to insure that all application materials are received by the deadline date, (2) Withholding or giving false information will make me ineligible for admission and enrollment, and (3) Clearing a criminal background check is required prior to advancing to the clinical component of the curriculum.

_________________________________________  _________________________
Applicant’s Signature          Date

10/06