



Application for admission to:

Health Information Technology/Medical Coding

Austin Community College does not discriminate on the basis of race, color, creed, national origin, religion, age, gender, sexual orientation, political affiliation, or physical disability.

Applications to Health Sciences programs are NOT accepted without documentation of COMPLETED program immunization requirements. Copy of immunization form is available for print out at www.austincc.edu/health or you may obtain a copy from the Health Sciences Admission Office.

PLEASE PRINT OR TYPE

Application Date ____ / ____ / ____

Name in Full: _____
Last First Middle

Home Address: _____
Number & Street County City State Zip

Home Phone: _____ Alternate Phone: _____

Social Security No.: ____ - ____ - ____ Date of Birth _____

E-mail: _____

Please select one of the following: College Credit or Continuing Education

Please select one of the following: Certificate or Associate of Applied Science

Have you ever before made an application to any Austin Community College Health Sciences programs?

Yes No

If yes, what program? _____

When: (approximate date) _____

It is the student's responsibility to:
Return this application to the Health Sciences Admission Office at the Eastview Campus. It may be returned by mail or in person. DO NOT FOLD! If you need further assistance, contact the Health Sciences Admission Office at the Eastview Campus (3401 Webberville Rd., Austin, TX 78702) or call at (512) 223-5700. Additional information on the web: <http://www.austincc.edu/health/>.
Please note: Students must keep mailing address current with the Health Sciences Admission Office as well as the Admissions and Records Office.

(Continued inside ➡)

Give information concerning high school(s) attended or G.E.D.:

Name of School

City & State

Give information concerning college, university, vocational schools, allied health schools attended:

Name of Institution

City & State

Number of Credits Earned

Submit transcripts with your application if you have taken medical coding or medical records courses at any other schools. An original transcript must be provided to the Admissions and Records Office.

List any licenses or certificates held (ie, LVN, EMT, etc): _____

Please note that to be compliant with clinical facility requirements a criminal background check will be required prior to admission to the Health Information Technology/Medical Coding program.

Incomplete applications, as reflected by missing items from the checklist, will not be considered for selection into the program.

Certain minimum physical abilities and characteristics are required in health sciences professions. See program web page for specific requirements. Are you able to meet the minimum technical skills standards for the program to which you are applying?

Yes No

If "No," explain: _____

Admission Checklist:

- All applicants must complete an Information Session.
 - All applicants must complete one of the following:
 - Passing or exempt scores on a placement test for Reading and Writing (For certificate only) or
 - Complete or Exempt status on the TSI requirement. (For AAS only)
Visit a campus advisor to determine status.
 - All applicants must complete prerequisites applicable below with a "C" or better and a minimum GPA of 2.7.
 - HITT 1305 Medical Terminology (Must be a 3 credit hour course)
 - HITT 1301 Health Data Content and Structure
 - BIOL 2404 Introduction to Anatomy and Physiology (MDCA 1409 can be substituted)
 - BCIS 1305 Business Computer Applications (For AAS only)
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All applicants must provide a copy of written documentation from a physician for:

- Proof of Varicella (Chicken Pox) immunity as shown by (a) physician documented history of disease (b) documentation of two immunizations **or** (c) a serum titer confirming immunity.
AND
 - Proof of (a) a complete (3 injection series) Hepatitis B Vaccination **or** (b) a serum titer confirming immunity.
AND
 - Proof of (a) **two** Measles Vaccinations (may be part of a MMR) **or** (b) a serum titer confirming immunity **or** (c) proof the student was born prior to January 1, 1957 **or** immunity as shown by (d) physician documented history of disease.
AND
 - Proof of (a) one Mumps Vaccination (may be part of a MMR) **or** (b) a serum titer confirming immunity **or** (c) proof the student was born prior to January 1, 1957 **or** immunity as shown by (d) physician documented history of disease.
AND
 - Proof of (a) one Rubella Vaccination (may be part of a MMR) **or** (b) a serum titer confirming immunity **or** immunity as shown by (c) physician documented history of disease, **regardless of date of birth**
AND
 - Proof of Tetanus-Diphtheria vaccination within the last 10 years.
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This application may not reflect recent program changes. Please access the most up-to-date information on the Program's webpage through the link at www.austincc.edu/health.

I hereby certify that the information contained in this application is true and complete to the best of my knowledge. I understand that any misrepresentation or falsification of information is cause for denial of admission or expulsion from the College. I understand that the information contained in this application will be read by the faculty and staff of the ACC Health Information Technology/Medical Coding Program.

Signature of Applicant

Date

FOR DEPARTMENT USE ONLY	
	Date
Information Session	

