



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](http://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 (Any Others Used) First Middle

Home Address: \_\_\_\_\_  
Number & Street Apt. # City County State Zip

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Social Security No.: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ or Student ID: \_\_\_\_\_

ACC E-mail: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Please select one of the following:  Certificate or  Associate of Applied Science (credit only)

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 by mail or in person to the Health Sciences Admission Office at the Eastview Campus (3401 Webberville Rd., Bldg. 8000 Austin, TX 78702) or Round Rock Campus (4400 College Park Dr., Bldg. 3000 Round Rock, TX 78665)***

**Additional information on the web: <http://www.austincc.edu/health/> (512) 223-5700.**

**DO NOT FOLD!**

**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.

Certain minimum physical abilities and characteristics are required in health sciences professions. See <http://www.austincc.edu/health/hitt/requirements.php> 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 online. See website for information.  
All applicants must submit a copy of the Online Information and Declaration Form for the specific program.
- All applicants must complete the following:  
Complete or exempt status on the TSI requirement or Compass placement testing. Visit a campus advisor to determine status.
- All applicants must meet with the Department Chair. See <http://www.austincc.edu/health/hitt/contact.php> . Application must be signed on back page.
- All applicants must complete each of the following prerequisites applicable below with a "C" or better:
  - 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). Either must have been completed within five (5) years of application date.
  - 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 **or** Hepatitis B Vaccination Exemption Form.  
**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](http://www.austincc.edu/health).**

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

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.

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Signature of Applicant

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Date

FOR DEPARTMENT USE ONLY	
	Date
Information Session	

**All applicants must meet with the Department Chair prior to submission of application.**

\_\_\_\_\_  
**Signature of Department Chair**

\_\_\_\_\_  
**Date**

I have sent an email to student regarding \_\_\_\_\_.