



Dear Candidate:

Thank you for expressing an interest in the Health Information Management Program at the University of Kansas Medical Center. Health Information Management professionals are managers; experts in processing, analyzing and reporting information vital to the health care industry. Health Information Management professionals are respected staff members who interact daily with the clinical and administrative staff, all of whom depend on health information to perform their jobs. These professionals do not just work in hospitals. They work for accounting firms, insurance companies, information systems vendors, government agencies, pharmaceutical research companies, and others. Wide varieties of employers actively recruit health information managers. According to the department of labor, employment opportunities for Health Information Management (HIM) professionals continue to grow much faster than the average for all occupations through the year 2010.

The Health Information Management Program is an ever changing and evolving program in order to support a rapidly changing profession. This program is designed to attract highly motivated and enthusiastic individuals interested in a profession, which is leading healthcare into the 21<sup>st</sup> century.

Our faculty at the University of Kansas Medical Center Health Information Management Program looks forward to assisting you in your career endeavor. The attached information packet is designed to provide you with a checklist of items you will need in order to apply to the program. The next class will begin in August.

The cost for this program may be found in the application packet. Full payment for each semester is required at the beginning of each semester. Financial aid information is available. Please contact Student Financial Aid at (913) 588-5170 for the most recent information.

The deadline for the completed application is February 1, and interviews will be scheduled during the last two weeks of February.

Sincerely,

Karl J. Koob, MMIS, RHIA, CPEHR  
Chairperson

**Health Information Management**

Mail Stop 2007 | 3901 Rainbow Blvd. | Kansas City, KS 66160 | Office (913) 588-2423  
Fax (913) 588-2428 | TDD (913) 588-7963 | [www.him.kumc.edu](http://www.him.kumc.edu)

# BACHELOR OF SCIENCE IN HEALTH INFORMATION MANAGEMENT DEGREE PROGRAM: DOMESTIC STUDENT APPLICATION PROCEDURE AND CHECKLIST

**Application Deadline: February 1**

**Start Date: Fall semester, August**

Students missing the February 1st deadline may apply for any remaining openings during the late application period which ends April 1. Many of the forms can be filled out on your computer prior to printing and we strongly encourage you to take advantage of this feature. Completing your application on the computer prior to printing will expedite your application by eliminating questions or concerns due to illegible handwriting.

<p><b>1 Students need to provide the following items to the KU Health Information Management program:</b></p>	
<p><input type="checkbox"/> <b>KU School of Allied Health Application</b> Please complete all fields and sign the form included inside this application packet.</p> <p><input type="checkbox"/> <b>\$60 Application fee</b> Please make payable to "University of Kansas Medical Center". This fee is required whether or not you are currently enrolled at the University of Kansas. Your application will not be processed without the fee. Please do not send cash.</p> <p><input type="checkbox"/> <b>Completion of the Technical Standards for Admission and Retention form</b> This form, included in this packet, attests to the fact that you have read the Technical Standards.</p>	<p><input type="checkbox"/> <b>Personal Goals Statement</b> Please outline the reasons you want to pursue a degree in health information management. This is to be a brief essay (2 pages maximum) about your professional goals and interests, what you see are the positive and negative aspects of a career in health information management, and where you see yourself in five years. Print a copy and include in your application materials.</p> <p><input type="checkbox"/> <b>Resume</b> Indicate your education and work background, honors, memberships in organizations, service to the community outside of school related activities, and any other information that you might deem important for the committee to consider. This should be in a bulleted format.</p>
<p><b>2 These required items are <u>not provided by the applicant</u> but must be received by the KU Health Information Management program to process the application:</b></p>	
<p><input type="checkbox"/> <b>Official transcripts</b> One transcript must be sent <b>directly to KU from each college or university attended</b>. Students currently enrolled at the University of Kansas do not need to provide a transcript from KU.</p> <p><input type="checkbox"/> <b>Three (3) completed recommendation forms</b> Please include references from at least one instructor/professor, and a manager of a current or former work/volunteer organization. The third reference may be anyone the student feels can best inform the department of his/her abilities. Letters will also be accepted. References from family members will not be accepted.</p> <p>Print three of the recommendation forms from the application packet. Distribute the forms, giving the individuals who are writing the recommendations enough notice to thoughtfully complete the form before you plan to send in your application. The completed, signed forms must be returned directly to the health information management department from the person making the recommendation.</p>	
<p><b>Mail all application documentation to:</b></p> <p>KU Health Information Management Attn: Admissions Mail Stop 2008 3901 Rainbow Blvd. Kansas City, KS 66160</p>	<p><b><u>NOTE:</u> This application packet is for domestic students only.</b></p> <p>All required materials must be received before admission to the program. Return this checklist with the admission packet. Sorry, we cannot process incomplete applications.</p>

Once all application materials are received, students will be called to schedule an interview with HIM faculty. Upon acceptance into the program, students will be sent an enrollment packet consisting of background check instructions and information about computer requirements. All HIM students are required to possess a laptop or table PC which meets the minimum hardware and software requirements at KUMC. Students are responsible for having the laptop or table PC in class in order to access course notes and take exams. .

Term (please select one):

Date Received
Date Fee Rec'd
Payment Method

Use Only For KU

## KU School of Allied Health Application for Undergraduate Study

Please carefully enter information into each field and print two copies when complete; keep one for your personal records.

### Personal Information

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	Middle	Last Name	Date of Birth: MM/DD/YYYY
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Preferred Name, if different from above		Other name(s) under which your records might be found	Male <input type="checkbox"/> Female <input type="checkbox"/>
<input type="text"/>		<input type="text"/>	
Social Security Number*		Email Address	
<input type="text"/>		<input type="text"/>	
Home (Current) Address:		Permanent Address (if different from current address):	
<input type="text"/>		<input type="text"/>	
Number and Street		Number and Street	
<input type="text"/>		<input type="text"/>	
City & State		City & State	
<input type="text"/>		<input type="text"/>	
Country	Zip /Postal Code	Country	Zip /Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone Number	Mobile Phone Number	Phone Number	Mobile Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Is English your first language? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, what is your first language? <input type="text"/>			
I am a: <input type="checkbox"/> United States Citizen <input type="checkbox"/> Permanent Resident of United States <input type="checkbox"/> International Student (see below)			
If you selected "International Student" above, please provide citizenship and visa information below.			
Visa Status: Current <input type="text"/>		Requested <input type="text"/>	
		Birthplace (City/Country): <input type="text"/>	
		Country of Current Citizenship: <input type="text"/>	

### Ethnicity

Are you Hispanic or Latino?  
 Yes, I am Hispanic or Latino.  
 No, I am not Hispanic or Latino.

What is your race? Select one or more races.  
 American Indian or Alaska Native  Native Hawaiian or Other Pacific Islander  
 Asian  White  
 Black or African American  Other

NOTE: Disclosure of ethnicity/race information is optional. The University of Kansas has an affirmative action program and is an equal opportunity institution. In order to comply with federal government regulations under Title VI of the Civil Rights Act and Title IX of the Education Amendments, the University seeks voluntary disclosure of information from applicants for reporting purposes only. A decision not to provide this information will not negatively affect decisions on admission, assistantships, or awards.

### Academic Program Information

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Department offering degree	Degree	Academic Program	Academic Plan
Term: <input type="text"/>	<input type="text"/>	Degree Level <input type="checkbox"/> Non-degree-seeking or special student	

### Educational Information

Applicants must request one (1) official set of transcripts be sent directly from **each** academic institution attended to the department at KU in which the desired academic program resides. Starting with most recent, please list every higher education institution you have attended. Attach an additional list if needed.

<input type="text"/>	<input type="text"/>	<input type="text"/>
Full Name of College/University	Full Name of College/University	Full Name of College/University
<input type="text"/>	<input type="text"/>	<input type="text"/>
City/State	City/State	City/State
<input type="text"/>	<input type="text"/>	<input type="text"/>
Degree Major	Degree Major	Degree Major
<input type="text"/>	<input type="text"/>	<input type="text"/>
Dates of Attendance (MM/YY)	Date Awarded or Expected	GPA
<input type="text"/>	<input type="text"/>	<input type="text"/>

## Other Information

Please check any which apply to you:

Current KU/KUMC student

Have APPLIED to KU/KUMC before

Have ATTENDED KU/KUMC before

Member of US Armed Forces,  
or a dependent of one

My parents or I have moved to take  
a job in Kansas before I enter KU

If you have been, or currently are, a student of the University of Kansas (any campus) please enter your student ID:

## Residency

For purposes of reporting and analysis, KU is asked to provide student counts by state and county of origin. Please enter information below for what you consider to be your hometown and your place of birth.

Hometown Street Address City & State Country Zip /Postal Code

Place of Birth Street Address City & State Country Zip /Postal Code

Please indicate the high school from which you graduated.

High school name City/State graduation year

Are you currently a resident of the State of Kansas?  Yes  No When did you begin continuously living in Kansas?

Please indicate address when you began continuously living in Kansas:

Street Address City & State Country Zip /Postal Code

If anyone claimed you as a dependent for income tax purposes last year, please indicate name and address:

Name Relationship to you

Street Address City & State Country Zip /Postal Code

## Exam Scores, References and Additional Requirements

Additional information and documentation may be required. Complete all forms included in the application packet for this academic program. Check with the admissions coordinator of the desired academic program for questions about application instructions and requirements.

## Applicant's Signature

I certify that the information given in this application and accompanying documents is complete and accurate, and I understand that submission of incorrect information can be considered sufficient cause for terminating my application or enrollment at the University of Kansas. I hereby grant permission to KU to release applicable personal information, including my social security number, as needed to complete background checks and/or other approval processes for clinical practice. I understand that my admission is conditional upon completion of the background check and that it could provide grounds for rejection of my admission. I further understand and agree that should I be admitted after a background check, that check could be grounds for clinical sites to reject my participation in a clinical training rotation.

Date of Application \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

\*Social Security Number is required for admission into any program at KU Medical Center for background checks required to verify eligibility to work, train and participate in health care settings. Further, it is requested, but not mandatory under K.S.A. 76-725, for maintaining accurate records and servicing accounts.  
If you have a disability and would like to know about KUMC services, write to: University of Kansas Medical Center, Equal Opportunity Office, Mail Stop 2014, 3901 Rainbow Blvd., Kansas City, KS 66160, USA.

## Submit Application

Please print, sign and mail this completed application form with the application fee (and any other materials which may be required) to the **KU department in which your desired academic program resides**. Print a second copy to keep for your records. Incomplete or unsigned applications will not be accepted.

PLEASE DO NOT WRITE BELOW THIS LINE

### DEPARTMENTAL RECOMMENDATION

Admission granted with status (check only one):

Regular  Regular non-degree

Provisional  Provisional non-degree

Date admitted in SAKU

Calculation of cumulative GPA from official transcripts

Do not admit.

Comments/Remarks:

Department Signature \_\_\_\_\_

Date \_\_\_\_\_

**University of Kansas Medical Center – Health Information Management Program**

**ESTIMATED PROGRAM COSTS**

	<b>Entire Program 4 semesters</b>
Tuition & Fees – <b>Kansas Resident*</b>	\$13,810
Tuition & Fees – <b>Non-Resident*</b>	\$35,978

\*Tuition and Fees are established by the Kansas Board of Regents and are subject to change. Tuition and fees listed above are based on tuition and fees set for the 2008-2009 academic year.

<b><u>OTHER PROGRAM COSTS</u></b>	
Fee for Background Check – due at time of acceptance to program	\$44
Student fees for software	\$250 assessed each year
Laptop requirement (eligible for financial aid)	Student is responsible for all costs, including support, associated with his/her laptop
<u>Estimated</u> cost of books for entire program	\$1,500
Fee for senior photo	\$25
Management Internship	Student is responsible for all costs associated with his/her internship, costs vary by location

**All figures are based on 2008 costs and are subject to change.**

**Financial Aid**

A number of scholarships and awards are available through the School of Allied Health. In addition, American Health Information Management and the Kansas Health Information Management Associations offer scholarships and awards specifically to health information management students.

Financial Aid is available primarily in the form of loans. For more information on financial aid, please contact KU Medical Center’s Student Financial Aid department at 913-588-5170. Or visit their website at <http://www.kumc.edu/studentcenter/financialaid.html>.

**University of Kansas**  
**School of Allied Health**  
**Department of Health Information Management**  
*Admission Recommendation Form*

**APPLICANT:** Please sign one of the two following statements:

I wish to have access to this statement and understand that under public law 92-380, I shall have a right to read this document.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

I wish this statement to be confidential and hereby waive any and all rights to access this document, granted to me by public law 92-380.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

---

Applicant's Name:

Please Print

The above named individual has applied for admission to the **Health Information Management Program** at the University of Kansas. The Admissions Committee appreciates your frank answers to the questions on this form. You may attach any additional information that you think is pertinent.

1. How long have you known the applicant and under what circumstances?
  
  
  
  
  
  
  
  
  
  
2. What are some of the strengths and weaknesses that would affect the applicant's performance in the program?
  
  
  
  
  
  
  
  
  
  
3. Using the following scale, please assess the applicant's potential as a student in the program. Please circle one of the following statements:
  - a. will have difficulty
  - b. will perform satisfactorily
  - c. will perform very well
  - d. will perform exceptionally well

Comments:

4. What are the applicant's specific strengths to be a manager in a healthcare environment? In what areas does the applicant show the most professional development?

Please mark most appropriate response with an "X"	Outstanding (Top 10%)	Very Good (Next 10%)	Good (Next 20%)	Average (Middle 40%)	Below Average (Bottom 20%)	No opportunity to observe
Applicant's promise as a student						
Creativity						
Initiative/Motivation						
Maturity						
Time management						
Oral communication skills						
Written communication skills						
Clarity of career goals						
Responsibility						
Leadership						
Ability to interact effectively with faculty, students and colleagues						
Character and Integrity						
Ability to respond to constructive criticism						

Name of individual completing this form: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please mail or fax (913.588.2428) this application to the following address:

Health Information Management Program  
 Admissions Coordinator  
 MS 2008  
 3901 Rainbow Blvd.  
 Kansas City, KS 66160

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Position/Title: \_\_\_\_\_

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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