



# Seward County Community College ♦ Area Technical School

## Application for Health Information Management Program

Have you been formally accepted to SCCC/ATS? Yes or No

Choose Program: Coding and Reimbursement Certificate or Transcription Certificate

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

Name: \_\_\_\_\_  
Last First MI

Permanent Address: \_\_\_\_\_  
Street City State Zip

Current Address: \_\_\_\_\_  
Street City State Zip

Cell Phone# ( ) \_\_\_\_\_ Home Phone# ( ) \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Email Address: \_\_\_\_\_  
Month Day Year

## Educational / Background Information

Have you taken courses at SCCC/ATS? Yes or No

Compass Scores: English \_\_\_\_\_ Math \_\_\_\_\_ Science \_\_\_\_\_

Student ID# \_\_\_\_\_

Have you taken an Anatomy & Physiology course or a Medical Terminology course? Yes or No

If yes, which one? \_\_\_\_\_

Do you have any experience in healthcare? Yes or No

If yes, in what capacity? \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_Yes \_\_\_\_No

## Employment

Employer Name (most recent): \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Phone #: \_\_\_\_\_

How did you hear about the Health Information Management Program at Seward County Community College♦Area Technical School?

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> Newspaper                                | <input type="checkbox"/> Counselor    |
| <input type="checkbox"/> TV                                       | <input type="checkbox"/> Website      |
| <input type="checkbox"/> Radio                                    | <input type="checkbox"/> Yellow Pages |
| <input type="checkbox"/> Friend Attended                          | <input type="checkbox"/> Other _____  |
| <input type="checkbox"/> High School Career Day/Extreme Challenge |                                       |

Briefly explain why you are interested in the Health Information Management Field?

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

Upon completion of this form and all supporting documents mail to:  
Seward County Community College/Area Technical School  
ATTN: Sherry Farrell  
PO Box 1137  
Liberal, KS 67905

NOTICE OF NONDISCRIMINATION  
Seward County Community College/Area Technical School is committed to a policy of nondiscrimination involving equal access to education and employment to all, regardless of sex, race, age, religion, color, national origin, or disability. The administration further extends its commitment to fulfilling and implementing the federal and state laws and regulations as specified in Title IX and Section 504 of the Rehabilitation Act. For assistance in these areas, contact the Equal Opportunity Compliance Officer, Seward County Community College/Area Technical School, 1801 N Kansas, PO Box 1137, Liberal, KS 67905-1137; Phone (620) 624-1951.