

APPLICATION FOR ADMISSION



DEPARTMENT OF HEALTH INFORMATION MANAGEMENT

College of Health Sciences
Tennessee State University

Name: _____

Date: _____

**Application for Admission
to the
Health Information Management Program
College of Health Sciences
Tennessee State University
3500 John Merritt Blvd., Box 9527, Nashville, TN 37209-1561**

INSTRUCTIONS: Please submit the following application materials for consideration for admission to the Cardio-Respiratory Care Science Program.

- **Application for admission to the Health Information Management Program (application should be received January 1st through June 30th (Fall Semester)**

NOTE: *Admission to Tennessee State University is a separate application and process must be completed before being considered for admission to the Health Information Management Program. The Office of Admissions and Records will notify you of your acceptance into the University.*

- **One official copy of transcripts from all postsecondary education institutions attended.**

NOTE: *You will need to request a total of two official copies of your transcripts from each institution attended - one copy must be submitted to the Office of Admissions and one copy must be submitted to the Health Information Management Program. Students currently enrolled at TSU do not have to request a TSU transcript.*

- **Prerequisite Course Worksheet (follow instructions on form)**
- **Two (2) letters of Recommendation from persons (non-family members) who know the applicant's character and suitability for working in a health-care profession (forms must be sent directly by the evaluator; recommendations sent by the applicant will not be accepted).**

Call the Health Information Management Program at (615) 963-7441 for an appointment.

Information: You may contact the following departments for specific information regarding:

TSU Admission Application	Office of Admissions	(615) 963-5101
Scholarship & Grants	Office of Financial Aid	(615) 963-5701
Minority Scholarships	Office of Financial Aid	(615) 963-5640

Mail may be directed separately to each of the above offices at the following address:

**(Name of Department/Office)
Tennessee State University
3500 John Merritt Blvd.
Nashville, TN 37209-1561**

It is essential that applicants read the Department of Health Information Management brochure before completing this Application for Admission form.

APPLICATION FOR ADMISSION

HEALTH INFORMATION MANAGEMENT PROGRAM

COLLEGE OF HEALTH SCIENCES

TENNESSEE STATE UNIVERSITY

3500 John Merritt Blvd. Box 9527, Nashville, TN 37209

(615) 963-7431

NAME: _____
(Last) (First) (MI) (Maiden Name)

DATE OF BIRTH: ___/___/___ SEX: Male ___ Female ___ VETERAN: Yes ___ No ___ T #: _____

CHECK ONE: Asian ___ American Indian ___ Hispanic ___ African American ___ Caucasian/White ___ Other ___

Permanent Address	Local Address
Permanent Telephone #	Local Telephone #
() -	() -

MARITAL STATUS: Single ___ Married ___ Divorced ___ Widowed ___

EMERGENCY CONTACT NAME & TELEPHONE #: _____

PARENT'S NAME: _____

Address & Telephone (if different from yours): _____

LIST HIGH SCHOOL, COLLEGES, AND UNIVERSITIES ATTENDED:

NAME	ADDRESS	YEAR GRADUATED

HEALTH INFORMATION MANAGEMENT OR HEALTH CARE EXPERIENCE(S):

NAME AND LOCATION	DATE(S) EMPLOYED

LIST ALL PROFESSIONAL CREDENTIALS HELD:

NAME OF ORGANIZATION	CREDENTIAL EARNED	YEARS EARNED

LIST TWO REFERENCES WITH ADDRESS:

Name:	Name:
Address:	Address:
Relationship:	Relationship:

Write an autobiographical sketch and include a discussion of your interests; relate what led you to choose a career in Health Information Management, and state your future intentions once you have completed the program.

Applicant's Signature

Date

For Office Use Only:

Approved by:	Reason:
Rejected by:	Date of Decision: