Thank you for considering the Health Information Management Program at Mount Wachusett Community College.

This information packet explains the admissions process, as well as the entrance requirements for the A.S. Health Information Management program. Please read this information carefully. Admission to this program is competitive and seats are limited. Therefore, everyone who applies may not be admitted to the program. Files must be complete in order to be eligible for review by the Admission Committee.

If after reading this information packet, you still have questions, please call the Office of Admissions at 978-630-9110.

INFORMATION SESSIONS

General information sessions, as well as program open houses, are held throughout the year that will include program information, the admission process, and financial aid information. Please call the Office of Admissions for a listing of dates and times. Visit our website at mwcc.edu.

December 1, 2014 deadline, however, applications will be reviewed on a rolling basis as they are received until all seats are filled.

**HOW TO APPLY:**

Applicants must submit the following information to the Office of Admissions by the application deadline:

- **Completed Health Information Management Program Admission Form**

- **Verification of completion of high school or equivalency.** Current high school students must submit a high school transcript. Education completed outside of the U.S. must be officially translated/evaluated for high school equivalency and these documents must be received from the evaluating firm. Acceptable credential evaluation agencies can be found at www.naces.org.

- **Official college transcripts** (if applicable). Transfer credits for education completed outside of the U.S. must be evaluated for equivalency. Acceptable credential evaluation agencies can be found at www.naes.org. Documents must be received directly from the college or evaluating firm or may be hand delivered in an official sealed envelope. Transfer credits must be completed at an accredited college and official transcripts must be submitted. Photocopies will not be reviewed or accepted. Transcripts that have not been processed for transfer credits will not be used in the ranking process.

- **Complete College Placement Testing (CPT)** by making an appointment online at mwcc.edu/testing/appointment or by calling 978-630-9244. Official Testing scores (Accuplacer) may be accepted from other colleges. Previous college coursework may be used in place of CPT to demonstrate English, reading and math requirements.
A.S. HEALTH INFORMATION MANAGEMENT DEGREE (HIM) PROGRAM:

The Health Information Management program is designed to prepare graduates to enter the workforce and work in various positions relevant to the management of health data. Health information management is a little known; but vital component of the healthcare process. Individuals working in HIM are at the intersection of medicine, business, and legal, and play a vital role in ensuring the healthcare organization is compliant with state and federal regulations regarding capture, storage, and release of all medical data. This field is seeing rapid expansion with major federal initiatives: the conversion of all medical records to electronic medium at a national level, and the conversion of the coding structure used throughout the US, as well as a new method of paying for healthcare (pay for performance). These initiatives will require significant new hiring of HIM credentialed people to meet workforce needs over the next ten years. It has been noted that individuals who have an interest in information technology skills and the medical field may contribute greatly to the healthcare industry without being direct care providers.

REQUIREMENTS FOR CONSIDERATION

Students who are currently enrolled in or successfully completed the following courses with a C+ grade or better are encouraged to apply:

- A four (4) credit Lab Science preferably BIO 113 Life Science for Allied Health (formally BIO 099) or BIO 199 Anatomy and Physiology I (formally BIO 203)
- MAT 126 Topics in Mathematics

ACCREDITATION STATUS

The Health Information Management (HIM) program will pursue accreditation through the Commission on Accreditation for Health Informatics and Information Management Education (CAHIIM).

PROGRAM COMPETENCIES

Upon graduation from this program students shall have demonstrated the ability to perform the following administrative, clinical, and interdisciplinary competencies:

- Communicate effectively and accurately through oral, written and electronic means.
- Collaborate as a member of the health care team in the organization, analysis, evaluation, compilation, and coding of health records utilizing state-of-the-art software applications.
- Demonstrate evidence based practice that integrates research and expertise in health information management.
- Apply quality improvement and utilization review principles to ensure the highest quality of information management according to professional standards.
- Participate in patient centered care and information management within the legal, ethical, and regulatory framework of the health information management profession.

SPECIAL PROGRAM REQUIREMENTS

Please note that the following information must be received before courses begin:

1. Health examination conducted within the past two years by a licensed health care provider.
2. Proof of current immunizations (DPT, MMR, Varicella, Hepatitis B series with follow-up TITRE and TB screening) must be provided to the Health Office. Contact the health office, ext. 136 for more information.
3. Liability Insurance of $1,000,000/$3,000,000 coverage is required. Students will be covered under the college's liability insurance policy, which will be billed through student fees.
4. (CPR) Certification (Professional Rescuer or Health Provider) is required. A course will be offered in the fall semester for those in need.
5. All HIM students must participate in the Massachusetts Community College Health Insurance or provide accurate information regarding comparable coverage.
6. Completion of CORI/SORI form as well as drug testing required by clinical agency.
Criminal Offender Records Information (CORI) check procedure has been implemented for students whose services entail the potential for unsupervised contact with persons from vulnerable population (i.e., children, the elderly, the disabled).

The Criminal History Systems Board has authorized MWCC to receive criminal record information regarding present or prospective employees working with the vulnerable populations, and for trainees/student who will need a CORI clearance to work in education work sites (i.e., day care centers, hospitals, and health care facilities, schools, etc.).

Beginning September 1, 2002 individuals requiring CORI checks will also have Sexual Offender Records Information consistent with current Commonwealth of Massachusetts law M.G.L.C. §§ 178C-178P. Record storage and usage will be in compliance with (M.G.L. C. 275 § 4).

Depending upon the results of a CORI or SORI check, a person's eligibility to participate in the HIM program may be affected.

Please note: Drug testing may be required by clinical agencies for all students.

**QUESTIONS AND ANSWERS**

**How do I make an appointment to complete my placement testing?**

You may be exempt from some or all portions of the placement testing if you provide your previous college(s) transcript(s). Once you have submitted an application, you may register online at mwcc.edu/testing/appointment or contact the Testing Center to schedule a time to complete your placement testing by calling 978-630-9244. Placement testing is available both day and evening. If you completed placement testing in the past three years, these scores can be used if they meet the program requirements. An additional fee of $10.00 will be charged for those individuals who request to retest.

**I haven't completed all of the coursework needed to apply to the HIM program yet. Can I still come to MWCC?**

YES! Students are encouraged to enter the college as a “General Studies Allied Health (GSAH)” student. In this major, you will need to self-identify as a potential HIM applicant and will be assigned to an advisor that will assist you in establishing an educational plan. As a student in this major, you may complete any of your non-HIM courses which will allow you to work towards your GSAH as you work towards meeting the requirements for the HIM degree, then apply to the program when you have met the requirements for consideration.

**How is my file going to be reviewed?**

Applications will be reviewed on a rolling basis as they are received until all seats are filled. Beginning on January 1, decisions will be determined on the applications received up to that point. Should there still be available seats, applications will be reviewed.

**Can I work and attend classes full-time?**

HIM coursework is complex and requires a personal commitment. Part-time employment may be appropriate, but will need to be flexible in order to accommodate school requirements. Students are encouraged to balance their employment and school responsibilities.

**Where do I attend a clinical setting or placement, and how do I get there?**

HIM students are responsible for their own transportation to clinical sites which are located throughout Massachusetts. A student may be asked to travel up to one hour in distance from their home to attend clinical.

**Is there an interview for admission?**

An interview is not required for admission. An applicant may request an interview with the Assistant Dean, Margaret Jaillet, by calling 978-630-9292.

**Can I apply for Financial Aid?**


**I still have more questions, how do I get them answered?**

Appointments may be made with the Assistant Dean, Margaret Jaille, by calling 978-630-9292. You can also receive information by attending information sessions. Call Admissions for specific information session dates.

Additionally, what must I be aware of?

- It is up to the applicant to read the Technical Standards and understand that it is his/her responsibility to discuss any accommodation that he/she may need by contacting the Counselor for Students with Disabilities at 978-630-9120.
- The applicant is responsible for ensuring that his/her application file is complete and that all items are received by the deadline.
HEALTH INFORMATION MANAGEMENT (HIM)

YEAR 1

FALL

<table>
<thead>
<tr>
<th>Number</th>
<th>Course Title</th>
<th>Cr.</th>
<th>Hrs.</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIM101</td>
<td>Introduction to Health Data</td>
<td>4</td>
<td>(3 lecture / 1 lab)</td>
</tr>
<tr>
<td>HIM102</td>
<td>Medical Terminology for Health Information Management</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ENG101</td>
<td>English Composition I</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>CIS127</td>
<td>Computer Technologies</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>BIO199</td>
<td>Anatomy &amp; Physiology I (formerly BIO203)</td>
<td>4</td>
<td></td>
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<tr>
<td></td>
<td>Total</td>
<td>17</td>
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SPRING

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<tr>
<th>Number</th>
<th>Course Title</th>
<th>Cr.</th>
<th>Hrs.</th>
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<tbody>
<tr>
<td>BIO 204</td>
<td>Anatomy and Physiology II</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>HIM130</td>
<td>Diagnostic Coding: ICD-10-CM</td>
<td>4</td>
<td>(3 lecture / 1 lab)</td>
</tr>
<tr>
<td>PSY105</td>
<td>Introduction to Psychology</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ENG102</td>
<td>English Composition II</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>HIM150</td>
<td>Patho-pharmacology</td>
<td>4</td>
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<td>18</td>
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SUMMER

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<thead>
<tr>
<th>Number</th>
<th>Course Title</th>
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<tbody>
<tr>
<td>HIM103</td>
<td>Professional Practice Experience I</td>
<td>1</td>
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YEAR 2

FALL

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<th>Number</th>
<th>Course Title</th>
<th>Cr.</th>
<th>Hrs.</th>
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</thead>
<tbody>
<tr>
<td>HIM160</td>
<td>Procedural Coding: ICD-10-PCS</td>
<td>4</td>
<td>(3 lecture / 1 lab)</td>
</tr>
<tr>
<td>HIM201</td>
<td>Computer Systems for Health Information Management</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>HIM140</td>
<td>Medical Legal Aspects</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>HIM110</td>
<td>Health Care Statistics, Data Literacy and Quality Management</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>17</td>
<td></td>
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SPRING

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<tr>
<th>Number</th>
<th>Course Title</th>
<th>Cr.</th>
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<tbody>
<tr>
<td>PER126</td>
<td>Fitness and Wellness</td>
<td>2</td>
</tr>
<tr>
<td>HIM170</td>
<td>Physician Coding: HCPCS/CPT</td>
<td>4</td>
</tr>
<tr>
<td>HIM180</td>
<td>Health Information Financial Management &amp; Reimbursement Methods</td>
<td>4</td>
</tr>
<tr>
<td>HIM190</td>
<td>Compliance and Supervision</td>
<td>2</td>
</tr>
<tr>
<td>HIM200</td>
<td>Professional Practice Experience (PPE)</td>
<td>2</td>
</tr>
<tr>
<td>HIM210</td>
<td>RHIT Exam Review</td>
<td>1</td>
</tr>
<tr>
<td>HIM220</td>
<td>Comparative Health Information Management</td>
<td>2</td>
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<tr>
<td></td>
<td>Total</td>
<td>17</td>
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</table>

Total Number of Credits Required for Degree

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<th>Total: 70 Credits</th>
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Campus/format: A majority of this program will be completed at the Gardner Campus or online.

Special requirements: Immunizations, additional liability insurance, and a Criminal/Sexual Offender Records Information (CORI/SORI) check are required for student externs. Technical standards must be met with or without accommodations. Students must pass all HIM and BIO courses with a C+ or better to remain in a good standing in the HIM program.

Certification: Once accredited, graduates will be eligible to sit for the RHIT Examination (Registration as a Health Information Technician).

Career Options: Most Health Information Management graduates find employment in hospitals, insurance companies, and other healthcare facilities.

Earning potential: $31,100 to $48,000

To learn more about MWCC’s academic programs and gainful employment, please visit mwcc.edu/programs
### ATTENDANCE INFORMATION

Name:  

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>MI</th>
<th>Previous Last Name</th>
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Social Security Number: _______-_____-__________  Email: ____________________________

Mailing Address:  

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<tr>
<th>Street &amp; Apt. # or P.O. Box</th>
<th>City</th>
<th>State</th>
<th>Postal/Zip Code</th>
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Permanent Address:  

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Phone Numbers: Home: ___________________________  Cell: ___________________________  Work: ___________________________

Gender:  

- [ ] Male  
- [ ] Female

Date of Birth: _____/_____/______

Citizenship (REQUIRED): Country of Birth __________________________  Country of Citizenship __________________________

- [ ] I am a U.S. Citizen
- [ ] I am a Lawful Immigrant. Must provide documentation.
- [ ] I am a Non-Citizen. My current status is: (check all that apply)
  - [ ] Resident Alien must provide Alien Registration Number: __________________ (Must Provide Documentation)
  - [ ] In the country with a (presentation of current visa required):  
    - [ ] visitor visa
    - [ ] student visa
    - [ ] other
  - [ ] I wish to obtain a student visa (Must submit International Student Application with additional documentation)

I plan to begin classes:  

- [ ] Fall, Sept. _____(Yr.)  
- [ ] Spring, Jan. _____(Yr.)  
- [ ] Summer, May _____(Yr.)  
- [ ] July _____(Yr.)

Have you ever attended/applied to Mount Wachusett Community College?  

- [ ] yes  
- [ ] no

If applied only, in what year? ___________________  If attended, last year of attendance: ___________________

### PERSONAL INFORMATION

Ethnic Background: Do you identify yourself as:  

- [ ] Hispanic or Latino  
- [ ] Not Hispanic or Latino

Race: Select one or more races, as you identify yourself:

- [ ] American Indian  
- [ ] Asian  
- [ ] Black or African American  
- [ ] White  
- [ ] Alaskan Native  
- [ ] Cape Verdean  
- [ ] Native Hawaii or Pacific Islander

Marital Status:  

- [ ] Married  
- [ ] Single  
- [ ] Divorced  
- [ ] Separated  
- [ ] Widowed

Emergency Contact Person: Name: ____________________________  Relationship to the Applicant: ____________________________

<table>
<thead>
<tr>
<th>Street &amp; Apt. #</th>
<th>City</th>
<th>State</th>
<th>Postal/Zip Code</th>
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</thead>
<tbody>
<tr>
<td></td>
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Address:  

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<tbody>
<tr>
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</table>
EDUCATION INFORMATION

Have you been awarded your high school diploma or GED certificate?  □ yes  □ no

If yes, you must provide the following information: I have a: (check one)
□ High School Diploma  □ GED Certificate  □ Certificate of Completion  □ Home School Diploma

Name of High School/Home School/Testing Center: ____________________________  Location: ____________________________

Date Awarded (month/yr): _______/_______  (documents awarded outside of the U.S. must be evaluated to meet U.S. standards)  City  State

If no, select and complete one of the following:

□ I am a current high school/home school student at ____________________________ and intend to graduate _______/_______

□ I am not a high school student and do not have my GED

Have you completed courses at a college other than MWCC?  □ yes  □ no  (if no, move to “Residency Information”)

What is your highest level of college completed?
□ Completed some college  □ Associate Degree  □ Bachelor Degree’s  □ Master Degree  □ Doctor’s Degree  □ Certificate or Degree from MWCC

Please list all colleges you have attended (other than MWCC):

<table>
<thead>
<tr>
<th>College</th>
<th>City</th>
<th>State</th>
</tr>
</thead>
</table>

RESIDENCY INFORMATION  (Required by all applicants)

Please select one of the following:

□ I have lived in Massachusetts continuously since: (Month/Year) _______/_______

If less than (6) months, previous state of residence: ____________________________

□ I do not live in Massachusetts. Current state of residence: ____________________________

□ I am an eligible participant in the New England Board of Higher Education’s Regional Student Program.

□ I am a member of the armed forces (or spouse or unemancipated child) on active duty in Massachusetts.

□ I do not reside in Massachusetts, but have a parent who provides financial support and who is a legal Massachusetts resident. Therefore, I qualify for in-state residency. (Documentation is required and applies only to students 24 years of age or younger.)

□ I have been a Massachusetts resident for six (6) continuous months and intend to remain here.

As proof of my intent to remain in Massachusetts, I possess at least 2 of the following documents, which I shall present to the institution upon request. These documents* are dated within one (1) year of the start date of the academic semester for which I seek to enroll (except possibly for my high school diploma). The institution reserves the right to make any additional inquiries regarding the applicant’s status and to require submission of any additional documentation it deems necessary. Please check-off those documents you possess as proof of your intent to remain in Massachusetts.

□ Valid Driver’s License  □ Utility Bills*  □ Employment Pay Stub*  □ Valid Car Registration

□ Voter Registration*  □ State/Federal Tax Returns*  □ Mass. High School Diploma  □ Signed Lease or Rent Receipt*

□ Military Home of Record*  □ Record of Parents’ Residency for Unemancipated Person*  □ Other ____________________________
Health Information Management Program Admission Form

RESEARCH

Military Service (important to assist with determining possible eligibility for education benefits):
- [ ] Member of the armed forces on active duty
- [ ] Member of the National Guard/Reserve
- [ ] Member of the armed forces (or spouse/unemancipated child) on active duty in MA

Do either of your natural or adoptive parents have a four-year college degree? [ ] Yes [ ] No

Were you a Tech Prep student in High School? [ ] Yes [ ] No

Is English your native or “first” language? [ ] Yes [ ] No

If no, we offer English as a Second Language (ESL) courses that prepare non-native speakers to develop and improve conversation, reading, writing, and grammatical skills in English that are necessary for academic as well as professional achievement. Do you require additional coursework to improve your English (written and verbal skills)? [ ] Yes [ ] No

How did you find/receive information about MWCC? (check all that apply)
- [ ] Radio
- [ ] Television
- [ ] Newspapers
- [ ] Guidance Counselor
- [ ] MWCC student
- [ ] MWCC function—met or spoke with Admissions Rep
- [ ] Friend / Relative
- [ ] Internet—MWCC Website
- [ ] Other: ____________________________________

Have you completed courses at MWCC? [ ] Yes [ ] No

If yes, approximately how many credits have you completed at MWCC? ______________________

What is your highest level of academic achievement?
- [ ] Some College
- [ ] Associates
- [ ] Bachelors
- [ ] Masters
- [ ] Not Applicable

Will you be asking the Committee to review college transcripts from college(s) other than MWCC? [ ] Yes [ ] No

If yes, from which college(s)? _____________________________________________________________________________________

Are you currently enrolled in or have you completed the following courses with a C+ grade or higher?
- [ ] Four (4) credit Lab Science or BIO199
- [ ] MAT126

I have read the Technical Standards and understand that it is my responsibility to discuss any accommodation that I may need with the appropriate College representative. [ ] Yes [ ] No

HAVE YOU APPLIED FOR FINANCIAL AID?

[ ] I have already applied [ ] I plan on applying [ ] I do not plan on applying

To apply for financial aid, students must complete the Free Application for Federal Student Aid (FAFSA), available on the federal financial aid web site at www.fafsa.gov. Financial aid can be used to pay for tuition, fees, books, transportation, and other educational expenses. MWCC strongly encourages you to complete the FAFSA. If you have questions about your financial aid application or college financial planning, please call the college Financial Aid Office at 978-630-9169 or online at mwcc.edu/financial.

SIGNATURE

I hereby apply to MWCC. I agree to accept the regulations and requirements of the college and will cooperate with the students, faculty, and administration in the maintenance of high standards and appropriate conduct. I understand that concealment of facts or untruthful statements may result in my application being withdrawn or cause me to be dismissed from Mount Wachusett Community College. The information I have provided is true and correct to the best of my knowledge.

Applicant Signature ______________________ Date ____________

Parent or Guardian Signature ______________________ Date ____________

(Required if applicant is under the age of 18 at time of application)
Health Information Management

Application & Information Packet

Application for Entrance: January 2015

Contact & Campuses

Office of Admissions
Tel: 978-630-9110
Fax: 978-630-9554
Email: admissions@mwcc.edu
Web: mwcc.edu/admissions

Financial Aid Office
Tel: 978-630-9169
Fax: 978-630-9459
Email: financialaid@mwcc.mass.edu
Web: mwcc.edu/financial

Student Accounts Office
Tel: 978-630-9386
Fax: 978-630-9459
Email: bursar@mwcc.mass.edu
Web: mwcc.edu/student-accounts

Gardner
444 Green Street
Gardner, MA 01440
978-630-9110

Devens
One Jackson Place
27 Jackson Rd.
Devens, MA 01434
978-630-9569

Leominster
100 Erdman Way
Leominster, MA 01453
978-630-9810

Fitchburg
326 Nichols Road
Fitchburg, MA 01420
978-878-8564