

**DELGADO COMMUNITY COLLEGE
ALLIED HEALTH DIVISION**

Office of Admissions
615 City Park Avenue
Building 4, Room 313
New Orleans, LA 70119
Phone: 504-671-6201 Fax: 504-483-4609

Thank you for your interest in the **Health Information Technology Program**.

Please review all instructions before beginning the application. Remember your social security number must be on EACH page of the application.

YOUR ADMISSIONS PACKET FOR YEAR 2018 CONTAINS:

- | | |
|------------------|--|
| 1 - Instructions | 4. Physical/Technical Standards Acknowledgment |
| 2. Application | 5. Curriculum Acknowledgment |
| 3. Narrative | |

APPLICATION PACKET "POSTMARK" DEADLINE

April 30

(Class Beginning – August)

If the deadline falls on a holiday or weekend the following weekday will be the deadline.

APPLICATION INSTRUCTIONS

Your application form will be processed only if the packet is **COMPLETE**. We request that you carefully complete the forms and include all supplemental documents required.

FAILURE TO PROPERLY COMPLETE THE FORM WILL SIGNIFICANTLY DELAY OR PREVENT THE PROCESSING OF YOUR APPLICATION.

- √ Please use a blue or black ballpoint pen or keyboard.
- √ Be sure to date and sign your application.
- √ An incomplete or illegible application will be returned.
- √ Please fill in **ALL** applicable responses.
- √ Keep a copy of the application for your records.

TRANSCRIPTS

- √ An **official transcript** is required for **each** college or university attended other than Delgado. **If the transcript is for a college outside Louisiana, you must also submit course descriptions to aide in determining course equivalencies.**
- √ The transcripts should be returned enclosed with your application packet that will be submitted to the Allied Health Admissions Office.
- √ **Electronic transcripts issued to and opened by applicant are UNOFFICIAL. It is STRONGLY RECOMMENDED that you request to receive your official transcripts by mail to submit with you application packet.**

If academic renewal has been granted by another college you must submit the transcript as documentation.

Note: If you send your application packet DURING ANY semester, while you are enrolled in a college/university, it will be necessary for you to submit updated transcripts after completion of that particular semester.

RETURN TO THE OFFICE OF ALLIED HEALTH ADMISSIONS

- √ Completed **APPLICATION** along with the narrative attached.
- √ **OFFICIAL TRANSCRIPTS** from every college or university attended other than Delgado.
- √ Personal Narrative Form
- √ Physical/Technical standards acknowledgment
- √ Curriculum acknowledgment

RETURN ALL OF THE ABOVE IN A LARGE ENVELOPE LABELED HEALTH INFORMATION TECHNOLOGY PROGRAM APPLICATION :
DELGADO COMMUNITY COLLEGE, ALLIED HEALTH DIVISION, OFFICE OF ADMISSIONS, 615 City Park Avenue, Building 4, Room 313, New Orleans, LA 70119.

NOTE 1: If you have any questions after reviewing the self-managed application, Please contact the Allied Health Admissions Office – 504 – 671-6201.

NOTE 2: Questions regarding program interviews, curriculum, academic schedules or special circumstances should be directed to the Program Director, Jackie Jones – 504-671-6216 or e-mail jjones@dcc.edu.



Health Information Technology Program ADMISSION APPLICATION FORM

Delgado community college is an equal opportunity facility. The College does not discriminate on the basis of race, color, national origin, gender, age or qualified disability. Successful entry as a student in the program of Health Information Technology Program will be based upon the merits of past education, medical experience, references, responses to the questions on the application form and possible interview.

Use ball point pen or typewriter. Illegible or incomplete applications will be returned for revision. It is recommended that you make a copy of this application for your records.

PERSONAL DATA:

1. Social Security Number: _____ LOLA ID# _____

2. Full Legal Name: _____
Last First MI

3. Permanent Home Address:

Number & Street Home Phone (Area Code and Number) Cell Phone

City State Zip Personal E-Mail Address

4. Current mailing address if different from permanent address:

Number & Street

City State Zip Area Code and Phone Number

5. Emergency Information:

Person to Contact Relationship Area Code and Phone Number

EDUCATIONAL DATA:

6. List all high schools, trade or vocational schools (use separate sheet if necessary)

Name of School Location Grade Entered Grade Completed Graduated

7. List all colleges and universities you have attended (use separate sheet if necessary)

Name Location Major Dates Attended Degree

FROM _____ TO _____
Mo/Yr Mo/Yr

FROM _____ TO _____
Mo/Yr Mo/Yr

FROM _____ TO _____
Mo/Yr Mo/Yr

8. Are you presently enrolled in college? Yes _____ No _____ Semester _____ Institution _____

List courses you are taking this semester: _____

EMPLOYMENT DATA:

9. List your relevant employment experiences over the past 10 years, including military service. Add additional sheet if necessary.

- 1. _____ FROM _____ TO _____
Mo/Yr Mo/Yr
- 2. _____ FROM _____ TO _____
Mo/Yr Mo/Yr
- 3. _____ FROM _____ TO _____
Mo/Yr Mo/Yr

10. Are you reapplying for this program? Yes _____ No _____. If yes, when did you last apply? _____

11. Are you a veteran of the US Military Service? Yes _____ No _____. If YES, are you eligible for and certified by the Veterans Administration for education benefits? Yes _____ No _____. If YES, attach page to this application and give branch of service, dates entered and separated from service, rank at time of separation and type of discharge.

12. Are you a member of the National Guard or Reserve? Yes _____ No _____. If YES, attach page to application and give branch, days and number of meetings attended each month.

13. Have you ever been suspended or dismissed from any college or university for scholastic or disciplinary reasons? Yes _____ No _____. If YES, give name of institution, date and reason for this action. _____

14. Have you applied for admission to other Allied Health Programs at Delgado? Yes _____ No _____. If YES, give the program name and dates.

15. Are you a U.S. Citizen? Yes _____ No _____.

16. Optional Response: If you have a disability, describe on a separate page any special equipment, architectural modifications, or other factors which would have to be considered by you and by the School/department in planning your educational experience at Delgado Community College if you are accepted for admission.

ALL APPLICANTS PLEASE READ CAREFULLY AND SIGN THE FOLLOWING

Other than a minor traffic violation, have you ever been convicted of a felony? Yes _____ No _____. If yes, please explain on additional page.

I UNDERSTAND THAT THE INFORMATION SUBMITTED ON THIS APPLICATION FOR ADMISSION TO DELGADO COMMUNITY COLLEGE'S ALLIED HEALTH PROGRAM IN MY NAME WILL BE RELIED UPON BY DELGADO COMMUNITY COLLEGE OFFICIALS TO DETERMINE MY STATUS FOR ADMISSION ELIGIBILITY. I AUTHORIZE DELGADO COMMUNITY COLLEGE OFFICIALS TO VERIFY ANY INFORMATION I HAVE PROVIDED. I FURTHER AUTHORIZE ANY AND ALL EDUCATIONAL INSTITUTIONS, GOVERNMENTAL AGENCIES, AND PRIVATE EMPLOYERS THAT I HAVE ATTENDED, WORKED FOR, OR WHO MAINTAIN RECORDS RELATED TO ME TO RELEASE SUCH INFORMATION TO DELGADO COMMUNITY COLLEGE.

I AGREE TO NOTIFY DELGADO COMMUNITY COLLEGE'S ALLIED HEALTH ADMISSIONS OFFICE OF ANY CHANGES TO THE INFORMATION PROVIDED.

I CERTIFY THAT THE INFORMATION IN THIS APPLICATION IS COMPLETE AND CORRECT AND UNDERSTAND THAT SUBMISSION OF FALSE, INCOMPLETE, OR INCORRECT INFORMATION IS GROUNDS FOR REJECTION OF MY APPLICATION, WITHDRAWAL OF ANY ACCEPTANCE OFFER, CANCELLATION OF ENROLLMENT, OR APPROPRIATE DISCIPLINARY ACTION. I UNDERSTAND IT IS ALSO NECESSARY TO COMFORM TO THE PROGRAM'S TECHNICAL STANDARDS AND REQUIREMENTS CONCERNING A PHYSICAL EXAMINATION. IF ACCEPTED, I AGREE TO ABIDE BY AND OBSERVE ALL PROGRAM AND AFFILIATE HOSPITAL POLICIES, RULES AND REGULATIONS, AS AMENDED FROM TIME TO TIME.

I ALSO UNDERSTAND THAT THIS APPLICATION IS FOR THIS PROGRAM ONLY. IF I ENTER DELGADO COLLEGE, I MUST FILL OUT AND SUBMIT A DELGADO COLLEGE APPLICATION FOR ADMISSION. COMPLETION OF THIS FORM DOES NOT INDICATE THAT YOU ARE ACCEPTED INTO THE PROGRAM.

Signature of Applicant

Date



Allied Health Division
615 City Park Ave
New Orleans, LA 70119-4399

HEALTH INFORMATION TECHNOLOGY
TECHNICAL STANDARDS VERIFICATION FORM

I have reviewed the technical standards for the HEALTH INFORMATION TECHNOLOGY Program.

I WILL BE ABLE TO MEET THE TECHNICAL STANDARDS.

I WILL NOT BE ABLE TO MEET THE TECHNICAL STANDARDS.

Individuals who are unable to meet the technical standards as written will be counseled on an individual basis to determine if reasonable accommodations can be made.

SIGNATURE: _____

DATE: _____

** Return this in your application packet****

HEALTH INFORMATION TECHNOLOGY TECHNICAL STANDARDS

Students enrolling in and graduating from the Health Information Technology Program must meet the essential function requirements of the academic program and of the corresponding profession. This program consists of academic study, as well as, supervised professional practice experience. Students must be able to complete academic study, perform assigned tasks, and, above all, render services that contribute to Health Information Management.

The health Information Technology student must possess the following essential functions:

Observation

The HEIT student must be able to...

- * Identify health information forms and clinical information.
- * Read and comprehend text and numbers displayed in print (i.e., documentation in patient records)
- * Recognize health care documentation and determine principle and related diagnosis and procedures.

Movement

The HEIT student must be able to...

- * Travel to numerous clinical sites for professional practice experience.
- * Sit, stand and ambulate as required in task functions.
- * Utilize keyboard for data entry.

Communication

The HEIT student must be able to...

- * Read and comprehend technical and professional materials (i.e., textbooks, magazine and journal articles, handbooks, and instruction manuals).
- * Follow oral and written instructions in order to correctly perform essential functions, job tasks and professional practice.
- * Demonstrate proficiency in both written and spoken communication.
- * Utilize appropriate medical terminology.
- * Effectively communicate with faculty members, supervisors, student colleagues, co-workers, staff, and other health care professionals orally and in a recorded format (i.e., writing, typing, etc.)
- * Maintain confidentiality and ethical and legal standards, and perform within the scope of training and education.

Intellect

The HEIT student must...

- * Possess these intellectual skills: comprehension, measurement, mathematical calculation, reasoning, integration, analysis, comparison, and self-expression.
- * Be able to exercise sufficient judgment to recognize and correct performance deviations.

Behavior

The HEIT student must...

- ✱ Maintain confidentiality, ethical and legal standards; performing within the scope of training and education.
- ✱ Consistently demonstrate reliability, self-discipline, cooperation, and professional demeanor in professional practices.
- ✱ Adhere to established hospital and departmental procedures.
- ✱ Be able to manage time and systematically complete professional and technical tasks within realistic constraints.
- ✱ Possess the emotional health necessary to effectively use his/her intellect and to exercise appropriate judgment.
- ✱ When necessary, provide professional and technical services while experiencing the stresses of busy schedules, emergent demands, and a distracting environment.
- ✱ Be flexible and adapt to professional and technical change.
- ✱ Critically evaluate his/her own performance, accept constructive criticism, and look for ways to improve (i.e., participate in continuing education activities).
- ✱ Be capable of supporting the activities of colleagues. Promotion of peers encourages a team approach to learning, task completion, problem solving, and patient care.
- ✱ Have the ability to mediate in a potentially confrontational situation and maintain composure while reassuring the individuals involved.
- ✱ Interact professionally and appropriately with physicians, hospital staff, visitors and patients.

Acknowledgments: Parts of this document were derived from information found in the following materials:

Various Job Analysis and Descriptions from New Orleans area health care facilities.

Standards and Guidelines of an Approved Educational Program for the Ophthalmic Assistant
adopted by the APTO, JCAHPO, AND JRCOMP. JCAHPO, 2025 Woodlane Drive, St. Paul, MN 55125-2995.

List of Essential Functions for Clinical Laboratory Science. By Frtisma, Fiorella, and Murphy. CAAHEP, #312-464-4623.

Hiring, Accommodating, and Terminating injured or Handicapped Employees - Management Seminar, New Orleans, LA.
June 4, 1992, Kullman, Inman, Bee, Downing, and Banta.

HEALTH INFORMATION TECHNOLOGY NARRATIVE

NAME: _____

In the space provided below, please tell us why you are interested in this field of study. What is your knowledge of the health information technology occupation. Also describe your short term and long term career goals.

