

# Health Information Technology ASSOCIATE DEGREE ADMISSION APPLICATION

Danville Area Community College  
2000 East Main St, Danville, Illinois 61832  
Telephone 217-443-3222 – [www.dacc.edu](http://www.dacc.edu)

Application deadline is the last Friday in May at noon.

<b>Student ID Number:</b>
<b>Email Address:</b>
<b>Phone:</b>



## PERSONAL INFORMATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last, First, MI

Mailing Address: \_\_\_\_\_  
Street (PO Box)

\_\_\_\_\_  
City, State Zip

*To meet the requirements of workforce in all healthcare settings, students must be able to pass a “criminal background check” for every county and state resided in since the age of 18 and be able to pass a drug screen. If unable to meet these requirements of our affiliate facilities, they will not be cleared for clinical and thus not able to fulfill clinical graduation requirement. If you have questions in regards to any portion of the application and criminal background check please contact the director of the program by email [kjohnson43@dacc.edu](mailto:kjohnson43@dacc.edu), 217-443-8574*

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I understand that any false or misleading statements made by me on this application will prevent my acceptance into the program or will be cause for dismissal if accepted.

I understand and accept that after being admitted to the program, I must pass a physical examination approved by Danville Area Community College. I understand that I will be asked to authorize the release of my health and demographic information to the clinical sites utilized by the health information technology program.

*Please know that HIT students travel to one of ten different sites to complete the Professional Practice Experience. Students are responsible for their own transportation to and from clinical sites for all PPEs. ALL clinical placements are dependent on facility availability and their willingness to accept students; which are beyond the control of the college or the HIT program. The decisions of hospitals may be varied due to workload and/or current staffing demands.*

As required by the clinical affiliates, students must undergo criminal background checks before entering the program. This form will be sent to you upon your acceptance to the program. I also understand that if the results of the background check prevent me from participating at the clinical sites, I will not be able to enter the program. At DACC, we updated all of our program manuals to state: "DACC does not rely on drug test results to deny access to any academic program for any student who is 21 or over and tests positive for marijuana. However, most clinical sites require a test for marijuana and do not allow students to complete clinicals if the test is positive. The clinical is a requirement of this program, and thus if DACC does not have a clinical partner that allows positive tests, students may not be able to complete the program.

If you have any questions relative to interpretation of any part of this application, please email [kjohnson43@dacc.edu](mailto:kjohnson43@dacc.edu).

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Return completed application and required paperwork to:

Kelly Johnson at [kjohnson43@dacc.edu](mailto:kjohnson43@dacc.edu)  
 Or by mail to  
 Danville Area Community College  
 Mary Miller Complex, Health Care Professions Room 172  
 c/o Office Assistant  
 2000 East Main Street  
 Danville, Illinois 61832

## APPLICATION CHECKLIST

*Documents to be submitted for a Complete File*

	Complete the Danville Area Community College application and new student orientation for admission if not currently enrolled in college credit courses at DACC.
	A completed high school transcript showing date of graduation or a copy of GED certificate submitted to the DACC Records Office.
	A completed Health Information Technology Admission Application
	Official transcripts from all colleges or universities previously attended must be on file with DACC Records Office.
	Submit unofficial or copies of all transcripts, including DACC transcripts. You are responsible for obtaining copies of transcripts and submit with application
	Completed Course sheet (page 3 of application)

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	Completed At (School Name)	Grade
<b><u>Pre-Requisite Courses:</u></b>		
<b>BIOL 136 Anatomy and Physiology I</b>	_____	_____
<b><u>Other General Education Courses:</u></b> Not required prior to applying and acceptance to the program. However, if completed prior will reduce course load in the program		
<b>SOCY 100 Introduction to Sociology OR PSYC 100 Intro. to Psychology</b>	_____	_____
<b>ENGL 101 Rhet. and Comp. I Humanities Elective</b>	_____	_____
<b>Name of course:</b> _____	_____	_____
<b>MATH 115 Survey of Statistics</b>	_____	_____
<b>BIOL 137 Anatomy and Physiology II</b>	_____	_____
<b>BOFF 140 Medical Terminology</b>	_____	_____
<b>CBUS 150 Business Computer Systems</b>	_____	_____
<b><u>HITT Courses:</u></b>		
<b>HITT 205 Legal Aspect of HIM and Ethics</b>	_____	_____
<b>HITT 255 Alternative Healthcare Settings Insurance Procedures</b>	_____	_____

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## Additional Questions

1. How did you learn about the Health Information Technology Program at Danville Area Community College?
2. What, to your best understanding, are the duties of a Health Information Technician?
3. Do you have any previous hospital/health care facility work experience? (*Where, doing what and for how long?*)
4. Have you completed any of the other HITT Certificate courses or program (PHMB or Medical Coding)? If so, please list.
5. Any additional comments you would like to add?