



DEPARTMENT OF HEALTH MANAGEMENT & INFORMATICS
Program in Health Informatics & Information Management
Application to Limited Access Phase
APPLICATION DEADLINE - March 1 for summer/fall, October 1 for spring

Date: _____ E-Mail: _____

I. PERSONAL DATA:

Semester applying for: _____

Last Name First Name M.I.

UCF PID

Permanent Address (Street)

Are you a current UCF student? _____

City State Zip Code

Phone Number

How did you hear about us?
If at other Conference or Expo, please list which one.

II. COLLEGE EDUCATION:

Table with 4 columns: NAME & LOCATION, DATES ATTENDED, MAJOR, DEGREE REC'D & DATE AWARDED

Provide the letter grade received in each of the following required pre-requisite courses. If you have not taken the course, please provide the semester you intend to take the course.

Table with 4 columns: Course ID, Course Name, Credits, Grade

III. COURSES IN WHICH YOU ARE CURRENTLY ENROLLED:

Blank lines for entering currently enrolled courses

IV. BRIEF STATEMENT OF INTEREST IN THE HIIM PROFESSION:

Submit a half-page to a page letter explaining why you have chosen health informatics and information management as a major/career. Indicate your goals and professional expectations. Also include why it would be beneficial for you to earn your RHIA credential. This letter should be typed and returned to the HIIM program before your application will be considered complete.

V. REFERENCE:

Request a professional reference from one instructor, employer or professional.
Use of the provided reference form or personalized reference letter is acceptable.

VII. RESUME:

Prepare a professional resume to include your work experience, education and extra-curricular/volunteer activities.

VIII. LICENSES, CERTIFICATIONS AND MEMBERSHIPS:

Are you currently licensed or certified as a health professional? _____

If yes, please indicate credentials: _____

License # : _____

Expiration date if any: _____

Are you an AHIMA Member? _____ If yes, what is your AHIMA ID # _____

IX. CRIMINAL BACKGROUND CHECK:

Request on-line an uncertified copy of your background check from the Florida Department of Law Enforcement (FDLE). Include copy of results with application or forward email to hiim@ucf.edu. Report must be dated within 3 months of application. The applicant is responsible for associated cost. If you do not reside in the state of Florida, please provide a background check from your state Department of Law Enforcement.

Please note: if there is an adverse occurrence revealed on the background check, your internship opportunities maybe negatively affected (Some facilities may not accept you for an internship).

X. OPTIONAL SECTION:

YOUR RESPONSES WILL NOT AFFECT YOUR PROSPECTS FOR ADMISSION.

This information is being tracked to show equal opportunity is being offered to all students.

•Gender: _____

•Date of Birth: _____

•Choose the appropriate category: _____

•What accommodations, if any, do you believe UCF would need to provide in order to assist you in succeeding in your degree program?

I understand that any false or misleading information I provide on this document will result in automatic rejection of this application and denial of admission to the Health Informatics and Information Management Program.

SIGNATURE OF APPLICANT

DATE

Please return the completed application to:
Health Informatics and Information Management Program
University of Central Florida
528 W. Livingston St.
Orlando, FL 32801