

Midland College

Bachelor of Applied Science – Health Services Management Program Application for Admission

Students should first complete the Midland College application at www.applytexas.org if not already enrolled as a current student. Previous Midland College students not enrolled for two semesters also need to reapply to the college. The Health Services Management program is a selective admission program. Points are calculated based on completed degrees, course work, work experience, military service, and prerequisite completion. Supporting documents are required for point consideration and must be included with the application submission. All applications will be ranked by points as described on the website at www.midland.edu/bas. Applications for the program will be accepted until all seats are filled.

Please print or type all information except for signatures:

I. Personal Information

Anticipated Date of Enrollment _____ Email address _____

Name _____ College ID# _____

Address _____

City _____ State _____ Zip Code _____ Phone _____

Which of the Health Services Management Tracks are you interested?

- _____ Healthcare Administration
- _____ Health Informatics
- _____ Health Information Management

II. Prerequisites: List the grade you received in each of the required prerequisites based on the preferred track (up to 3 admission points): Students should enroll for at least two courses before submitting application if courses are not already completed.

Health Information Mgmt. or Health Informatics	College/University	Date course completed	List Grade
HITT 1353 Legal & Ethical Aspects of Health Information Management			
HITT 2335 Coding and Reimbursement Methodologies			
HITT 2343 Quality Assessment and Performance Improvement			
Healthcare Administration	College/University	Date course completed	List Grade
HITT 1353 Legal & Ethical Aspects of Health Information Management			
HITT 2335 Coding and Reimbursement Methodologies			
ACCT 2301 or 2401 Principles of Accounting 1			
FOR OFFICE USE ONLY			
Number of Completed Courses		Overall GPA	

III. Health Services Management Work Experience Credit

Please list any related position you have held over the last 10 years. Include notarized letter from each employer with application for documentation of Work Experience (up to 5 admission points).

Dates	Place of Employment	Positions/Duties

IV. Educational Background (up to 7 points)

Colleges or Universities (official transcripts must be on file with Registrar’s office)

School Name	City/State	Attendance Dates	Degree Earned/GPA

Up to 7 points will be given for completed degrees. Up to 14 points will be given for completed Core Curriculum courses.

Have all official transcripts been sent Midland College Registrar’s Office?

_____ Yes _____ No

V. Military Service (3 admission points)

Are you a veteran? _____ No _____ Yes

Branch of Service: ___ Army ___ Navy ___ Marines ___ Coast Guard ___ Air Force

Verify that your DD214 is on file with the college for admission points. Check military benefits that may be available. Contact Kay Schipper, VA Benefits Coordinator at 432-685-4511 or kschipper@midland.edu

VI. Questions

Type your answers below each question. Responses will be used to evaluate content and written communication skills. (Approximately 50 to 100 words for each).

1. Why have you chosen Health Services Management as your degree preference?

2. What are your career goals once you have received your degree?

3. How did you learn about the Health Services Management profession?

4. How did you learn about the Midland College's Health Services Management online degree?

Health Services Management PROGRAM STATEMENT

I understand that keeping my information current is important for communication purposes during enrollment. Initial each statement and sign below.

_____ I agree to seek advisement from the instructor if I am concerned about my grade BEFORE dropping any course.

_____ I agree to keep my personal information current on Canvas Learning System so that instructors can contact me.

_____ I agree to follow Midland College policies regarding conduct including plagiarism, cheating, and collusion.

Student Signature _____ Date _____

CONFIDENTIALITY POLICY

As students in the Health Services Management Program, you will have access to medical information that is considered property of the patient. All health information is to be kept strictly confidential. Students entering the Program will be required to read and sign a copy of the Confidentiality Agreement (Attachment). This agreement will be kept in the student's academic file in the Program Chair's office. This will be provided to the clinical experience sites prior to attendance. You may be required to sign an additional Confidentiality Agreement at the facility/site.

Never discuss a patient's care or condition except as it relates to the education process in the classroom or at a clinical experience site. Never take photographs or otherwise download information digitally. Never post or transmit any protected health information to any individual or social media site. Any student, enrolled in the program, who accesses or reveals protected health information, except in the conditions as stated, is subject to **immediate expulsion** from the program.

According to the Office of Inspector General (OIG), any HIPAA violations may be imposed on individuals divulging confidential information whether intentional or unintentional and subject to civil fines up to \$250,000 per occurrence based on Texas State Law.

MIDLAND COLLEGE HEALTH SERVICES MANAGEMENT PROGRAM CONFIDENTIALITY AGREEMENT

I understand and agree that in the performance of my duties as a student in the Health Service Management Program, I must hold patient information in strict confidence. Furthermore, I understand and agree that intentional or voluntary violation of a patient's confidentiality will result in immediate dismissal from the program.

PRINTED NAME: _____

SIGNATURE: _____ **DATE:** _____

**MIDLAND COLLEGE
HEALTH SERVICES MANANAGEMENT PROGRAM**

STUDENT HANDBOOK ACKNOWLEDGEMENT

I understand that I have access to the student handbook through the Canvas Learning Management System upon my admission to the program. Upon admission, I agree to read the Student Handbook before the first day of class, and I will comply with the requirements contained in it. I understand this Student Handbook may be updated periodically, and a current edition will be maintained in the Program Orientation course. I further understand that I am responsible for following procedures as changed and published in the BAS Student Handbook throughout my enrollment.

Student Signature

Date

HIPAA and Students HSM Program

What you need to know, as a student, about HIPAA:

- ❖ As a student performing a clinical rotation at any clinical site, you will have access to protected health information.
- ❖ Federal and state laws protect health information.
- ❖ It is illegal for you to use or disclose protected health information outside the scope of your clinical duties at a clinical site.

Guidelines for the use of this information are as follows:

- ❖ You may use this information as necessary to care for your patients.
- ❖ You may share this information with other health care providers for treatment purposes only.
- ❖ Do **NOT** photocopy patient information unless under the supervision of HIM personnel in the rotation of “release of information”.
- ❖ Access the minimum amount of information necessary to care for your patient or carry out an assignment.
- ❖ Do not record patient names, dates of birth, address, phone numbers, social security number, or other identifying information on the assignments submitted to your instructor. When students need to refer to chart, use account number only.
- ❖ You may only access the protected health information of patients’ charts that you are processing for clinical experience as required to complete task.
- ❖ Be aware of your surroundings when discussing protected health information. It is inappropriate to discuss patient information in elevators, cafeteria, or other public settings.
- ❖ It is not appropriate to discuss protected health information with anyone who is not involved in their care.
- ❖ Do not take photographs or digitally download or transmit any protected health information.
- ❖ If you have questions about the use or disclosure of protected health information, contact your instructor.

Please keep this page for your reference

HIPAA Information and Guidelines

For HSM Students

What you need to know, as a student, about HIPAA:

- ❖ As a student performing a clinical rotation at any clinical site, you will have access to protected health information.
- ❖ Federal and state laws protect health information.
- ❖ It is illegal for you to use or disclose protected health information outside the scope of your clinical duties at a clinical site.

Guidelines for the use of this information are as follows:

- ❖ You may use this information as necessary to care for your patients.
- ❖ You may share this information with other health care providers for treatment purposes only.
- ❖ Do **NOT** photocopy patient information unless under the supervision of HIM personnel in the rotation of “release of information”.
- ❖ Access the minimum amount of information necessary to care for your patient or carry out an assignment.
- ❖ Do not record patient names, dates of birth, address, phone numbers, social security number, or other identifying information on the assignments submitted to your instructor. When students need to refer to chart, use account number only.
- ❖ You may only access the protected health information of patients’ charts that you are processing for clinical experience as required to complete task.
- ❖ Be aware of your surroundings when discussing protected health information. It is inappropriate to discuss patient information in elevators, cafeteria, or other public settings.
- ❖ It is not appropriate to discuss protected health information with anyone who is not involved in their care.
- ❖ Do not take photographs or digitally download or transmit any protected health information.
- ❖ If you have questions about the use or disclosure of protected health information, contact your instructor.

I have read and understand the information on this information sheet. I realize that there are civil and criminal penalties for the unauthorized use and disclosure of protected health information. I will abide by the guidelines when completing my clinical rotation.

Name of Student (please print) _____

Signature of Student _____

Date _____

Program of Study _____

Criminal History Record Release

Program: Health Services Management (HSM)

I, _____, having been accepted into the Midland College Health Services Management Program, authorize Midland College District to obtain criminal history record information from any law enforcement agencies which may have criminal history record information on me, including but not limited to arrests, investigations, convictions, and other reports. I hereby release Midland College District and any law enforcement agencies receiving a copy of authorization from liability for the release of any information to Midland College. Criminal background checks are required prior to clinical placements. I am aware that if I have had a misdemeanor or felony conviction (other than a minor traffic violation), it is likely that I will not be eligible for clinical placement and will be unable to complete the program.

Furthermore, once enrolled into the HSM program, I agree to notify the program of any future felony convictions while enrolled in the program.

Student's Signature _____

Date _____

Please print the following information.

Last Name	First Name	Middle Name
-----------	------------	-------------

_____ Male () Female ()

Date of Birth

Social Security Number

Driver's License Number

Driver's License State

Please contact the Health Sciences Division Dean, at 432-685-4600 if you have questions regarding this form. The above criminal history information will be filed separately. This is a separate form and is not to be construed as part of the application form.

For Office Use Only

_____ Clear

_____ Not Clear. See attached documentation.

Signature

Date

**Midland College
Health Sciences Division**

Release of Information Form

I _____ do hereby authorize the Midland College Health Sciences Division to release the following information to clinical agencies for any clinical hours required.

- Criminal Background Check
- Drug Test Results
- Immunization Record(s)
- Lab Testing Results (TB testing)
- Proof of OSHA Training (completed prior to clinical courses)
- Proof of Insurance Coverage
- Date of Birth
- Social Security Number

I understand that this form may be revoked at any time, providing that the information has not already been disclosed. I may only revoke this authorization by notifying, in writing, the Health Sciences Division Office. I understand that this authorization will expire when I am no longer enrolled in any Health Science program/class.

Printed Student Name _____
Signature of Student _____
Date _____
Witness _____
Program of Study _____

For Division Use
Date received _____
Date information released: _____
Person sending information: _____

Professional Licensing Notice

Student ID#: _____

Student DOB: _____

Completion of Midland College degrees and/or certificates does not guarantee eligibility to take a certification/registry/licensure examination. The eligibility of each person is determined on an individual basis by the regulatory body of the specific discipline. If you have a conviction of a crime other than a minor traffic violation, physical or mental disability/illness, hospitalization/treatment for chemical dependency within the past five years, current intemperate use of drugs or alcohol or a previous denial of a licensure or action by a licensing authority, you will need to contact the specific regulatory body for an individual ruling. Some programs require a criminal background check and urine and drug screen.

I have read and understand the statement above.

Print Name

Signature

Date

VII. Applicant Attestation

I, (print name) _____ affirm that the information I have provided on this application form and all other supporting documents are complete, accurate, and true to the best of my knowledge. I understand that providing false information may lead to removal from the Health Services Management program. I have read and agree to comply with the "Expectations of Student Performance". Located at catalog.midland.edu

Legal Signature of Applicant

Date

Please return application and supporting documents to:

Mail or email the completed application to:

- ♦ Midland College
Health Information Management Department
3600 N. Garfield – DFHS (Room 218)
Midland, TX 79705

Alma Martinez – almam@midland.edu

Midland College
Health Services Management Program
VIII. Student Recommendation Form

To be completed by Evaluator: Please email to: almam@midland.edu, or send to Midland College, Health Services Management Program, DFHS Building, 3600 N. Garfield, Midland, TX 79705.

Student Name: _____
Last First Middle

What is your professional relationship to the applicant?

____ Employer ____ Instructor ____ Supervisor ____ Academic Advisor
 ____ Other (please explain) _____

Based on your observation, evaluate the student's abilities below:

	Superior	Good	Fair	Poor	Unable to Judge
Leadership ability					
Academic performance					
Dependability					
Ability to work with others					
Ability to work independently					
Initiative					
Integrity					
Oral communication skills					
Written communication skills					
Attitude					

How well do you know the applicant? ____ Not Well ____ Somewhat ____ Well ____ Very Well

How long have you known the applicant? _____

Evaluator's Name: _____

Phone: _____ Email: _____

Overall recommendation:

- ____ most highly recommend
- ____ strongly recommend
- ____ recommend
- ____ recommend with some reservations
- ____ do not recommend

Signature: _____ Date: _____

Midland College
Health Services Management Program
VIII. Student Recommendation Form

To be completed by Evaluator: Please email to: almam@midland.edu, or send to Midland College, Health Services Management Program, DFHS Building, 3600 N. Garfield, Midland, TX 79705.

Student Name: _____
Last First Middle

What is your professional relationship to the applicant?

____ Employer ____ Instructor ____ Supervisor ____ Academic Advisor
 ____ Other (please explain) _____

Based on your observation, evaluate the student's abilities below:

	Superior	Good	Fair	Poor	Unable to Judge
Leadership ability					
Academic performance					
Dependability					
Ability to work with others					
Ability to work independently					
Initiative					
Integrity					
Oral communication skills					
Written communication skills					
Attitude					

How well do you know the applicant? ____ Not Well ____ Somewhat ____ Well ____ Very Well

How long have you known the applicant? _____

Evaluator's Name: _____

Phone: _____ Email: _____

Overall recommendation:

- ____ most highly recommend
- ____ strongly recommend
- ____ recommend
- ____ recommend with some reservations
- ____ do not recommend

Signature: _____ Date: _____