Shoreline
COMMUNITY COLLEGE

SHORELINE COMMUNITY COLLEGE
APPLICATION for ADMISSION to the
Health Informatics and Information Management Program
2025-2026 Academic Year

SCC Student I.D.:
Required

Please Print

Name: _____
Last Name   First Name   Initial   Other Name(s) on Transcripts

E-mail: _____
                            Daytime Phone No

Address: _____
Street   Apt No.   Evening Phone No.

_____
City   State   Zip Code

I am applying for: (select all)

☐ A.A.A.S. Degree, Health Information Technology (HIT)

☐ Certificate of Proficiency, Comprehensive Coding & Revenue Integrity Specialist

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I wish to attend school ☐ Full Time (12 or more credits per quarter) ☐ Part time (less than 12 credits per quarter)

I have completed high school as follows:
(check one)
☐ 1. Did not complete high school
☐ 2. Still in high school
☐ 3. High school graduate
☐ 4. GED
☐ 5. Alternative high school diploma

I have completed college as follows:
(check one)
☐ 1. Have not completed college
☐ 2. Short-term training, private vocational school or other
☐ 3. One-year certificate from a community college
☐ 4. Associate degree
☐ 5. Bachelor degree
☐ 6. Master degree
☐ 7. Doctorate or professional degree

How did you hear about the Shoreline HIIM programs?
☐ Referred by a friend or family member.
☐ Referred by another Shoreline HIIM student or graduate
☐ Referred by someone at work or a colleague
☐ Searched the CAHIIM online program directory
☐ Referred by a counselor or advisor
☐ Referred by a worker retraining program
☐ Other, please specify _____
Referral Name & Email: _____

HIIM Applicant Name	

PREVIOUS EDUCATION

Directions: List colleges/universities that you have attended and dates enrolled. Be sure to submit official transcripts and course descriptions of college coursework you wish to have evaluated for transfer to Shoreline Community College.

College/University	Dates Enrolled	Degree Earned	Major	Transcripts Enclosed?

Please list any relevant additional training or education you have had.

_____
_____
_____

Please identify any healthcare experience and certifications you have.

_____
_____
_____

HIIM Applicant Name	

DIRECTIONS: Complete all items listed below - **SUBMIT ALL REQUESTED ITEMS IN A SINGLE PACKET**. **Do not staple items.**

Check   Check to confirm all items completed.

☐	**Completed application to Shoreline Community College to obtain a student ID number.**
☐	**Viewed the online HIIM Program information.**
☐	**Included non-refundable check or money order for $20.00** *made payable to Shoreline Community College*
☐	**Completed pages 1-3 of HIIM Application**
☐	**Provided transcripts of all relevant college work completed at other colleges that you would like to be considered for transfer.**
☐	**Provided unofficial transcript of all Shoreline Community College coursework**
☐	**Provided copy of current quarter registration form, if currently attending Shoreline,** *to document courses to be taken prior to end of quarter*
☐	**Included international transcript evaluation (if required)**
☐	**Attached copies of resume and any certifications**

HIT AAAS students complete the following as well:

I understand that:

_____
Initial

HIT students must be available to accept facility placement for up to two continuous weeks (80 hours) during normal business hours for the HIIM Professional Practice Experience (PPE) course.

_____
Initial

HIT students are required to have immunizations such as Varicella (Chicken Pox), TDaP, Measles, Mumps, Rubella (MMR), flu, COVID, and a TB test. Students will be required to submit documentation and pay for these immunizations, titers and health tests prior to the start of the HIIM 234 Professional Practice Experience (PPE) course.

_____
Initial

HIT students will be required to apply, pay for and pass a criminal background check prior to visiting sites for the HIIM 234 Professional Practice Experience (PPE) course. Students who do not pass this check may have difficulty finding sites for their PPE. It is common practice for health care facilities to require criminal background checks for any potential employee prior to hire. Conversation between student and advisor is recommended.

_____
Initial

HIT students who live more than 30 miles from Shoreline Community College will be required to identify and provide contact information for sites for the HIIM 234 PPE course. The HIIM program will generate the Affiliation contracts between the PPE site and the school and, assist wherever possible.

I certify that all statements on this application are complete and true. I also understand that if I am admitted and do not enroll for the term to which I am admitted, I will need to reapply for admission. No submitted materials will be returned and/or duplicated. I have enclosed the **$20.00 non-refundable application fee** (check or money orders only please).

Signature _____   Date_____

Shoreline Community College provides equal opportunity in education and employment and does not discriminate on the basis of race, color, religion, national origin, gender, sexual orientation, age, marital status, or disability.

Submit **one** complete packet to Program Director, Melanie Meyer, SCC – HIIM Program, Building 2300 16101 Greenwood Avenue N, Shoreline, WA 98133. Transcripts can be sent to HIIM@shoreline.edu