McLennan COLLEGE

Health Information Technology Program

Admission Criteria

Meeting the criteria does not guarantee acceptance into the program.

A. **TSI**
Applicant must be TSI complete prior to admission to the program.

B. **Minimum 2.8 GPA (cumulative GPA) required for the following 3 courses:**
HITT 1205 Medical Terminology I
HITT 1301 Health Data Content and Structure
HITT 1441 Coding and Classification Systems
Only 2 attempts permitted. The highest score will be used. Classes must be taken within past 5 years.

C. **Background Check**
Background check must be completed by company designated by HITT program. Student admission will be dependent upon conviction and conviction date according to policy. ([See Program Director for details](#)).

Applicants are admitted to the program in order of priority until the enrollment limit has been filled. **Meeting the criteria does not guarantee admission to the program.** Students typically must score higher than the minimum requirements to be accepted. Decisions are made by the Health Information Technology Admissions Committee.

Application Checklist for Health Information Technology Program

Your application is **NOT COMPLETE** and cannot be considered in the admission process until **ALL** forms and any required documentation is included.

Use the checklist below to verify that all information is included. Sign and date this form. Submit this and the indicated information to the Health Information Technology Program director. These items may be mailed or delivered to the specific departments listed. All information, current and accurate, is required by the application deadline.

☐ **Application for Admission to McLennan Community College.**
Complete the application online through ApplyTexas.org.

☐ **Application for the Health Information Technology Program.**
Completed application must be sent to the Health Information Technology Program Director.

☐ **Documentation – Proof of completion of the TSI assessment, including test scores in Reading, Writing, and Mathematics or placement test Exemption Status.**
If not taken yet, indicate date when test will be complete. _____
This information must be supplied to **both** the Health Information Technology Program Director and Highlander Central.

☐ **Documentation – Transcripts form all colleges where you have earned credit.**
This information must be supplied to both the Health Information Technology Program Director and Highlander Central. **The Admissions Department MUST have Official Transcripts.** *Note*: It is the applicant's responsibility to submit updated transcripts to Highlander Central as additional courses are completed.

☐ **Documentation – Proof of CCS Certified Coding Specialist Certification if applicable.**
This information must be supplied to the Health Information Technology Program Director.

☐ **Documentation – Academic Prerequisite Course List (third page of this form)**
This information must be supplied to the Health Information Technology Program Director.

☐ **Documentation – Background Check (fourth page of this form)**
This information must be completed in the CastleBranch system within 30 days of application. Results are accessible online by the Program Director.

Accreditation: The Health Information Technology Program is accredited by the Commission on Accreditation for Health Informatics and Information Management Education (CAHIIM) (200 East Randolph Street, Suite 5100, Chicago, IL 60601), www.cahiim.org, 312-235-3255

After you have completed and checked all applicable items above, you are now ready to turn in your application.

_____   _____
Signature   *Date*

Application for
Health Information Technology Program

Application deadline is June 1 for classes beginning in the Fall. November 1 for classes beginning in the Spring.
This application is effective for ONLY one admission review. A new application is required for each admission.

Name:

_____	_____	_____	_____
Last Name	*First Name*	*Middle Name*	*Other names used on records*

MCC ID #: _____

Current Address:

_____	_____	_____
House Number	Street, Route or P.O. Box number	Apartment number

_____	_____	_____	_____
City	County	State	Zip

Telephone number: home (_____) _____   work (_____) _____

Email address: _____

Date of expected enrollment: _____

CCS Certification: ☐Yes ☐No

   Date of certification: _____   Certificate Number: _____

   Organization granting certificate:_____

List all colleges and/or vocational-technical schools you have attended, including MCC:

College	*Dates attended*
_____	_____
_____	_____

The steps outlined on the application Checklist (admission to the college, testing, transcripts, etc.) must be completed **before the applicant can be considered for admission to the Health Information Technology Program**.

Are you currently, or have you ever been, expelled or placed on disciplinary suspension from any college or university? (This does NOT include academic or financial aid suspension). ☐Yes ☐No

Have you ever been convicted of a crime other than a minor traffic violation? ☐Yes ☐No

Please note: Driving under the influence (DUI) or driving under suspension (DUS) are not considered minor traffic violations. Failure to disclose will result in withdrawal from this program.

I certify that the information furnished in this application is complete and correct.

_____   _____
Signature   *Date*

Return this form to:
Lesley Plemons
Program Director, Health Information Technology
McLennan Community College
1400 College Drive
Waco, TX 76708
lplemons@mclennan.edu

McLennan COLLEGE

Health Information Technology Program

Academic Pre-Requisite Course List

Applicant Name: _____

- Please complete this form based on the required McLennan Community College HITT program academic pre-requisite courses completed at the time of application.
- If you have repeated any course, please list each time you took the course, the grade received, and the institution where the course was taken.
- Please note any courses in which you are currently enrolled with ("IP" for in progress) and include the name of the institution.

Course	College	Semester/ Year Completed or In Progress	Grade
Example: BIOL 2404	McLennan Community College	FA/2020	B
HITT 1205 Medical Terminology I			
HITT 1301 Health Data Content and Structure			
HITT 1441 Coding and Classification Systems			

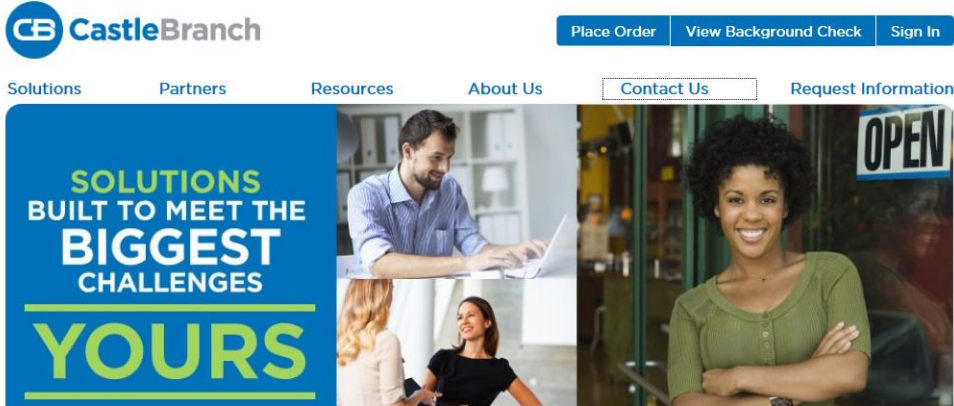*I certify that the information furnished in this application is complete and correct.*

_____   _____
Signature   *Date*

Copy and paste the URL into your browser: https://www.castlebranch.com/

Click on "place order"

Enter the code: **MC25bg**

This information must be completed in the CastleBranch system within 30 days of application. Results are accessible online by the Program Director.