

Name _____



Kirkwood Community College Health Information Technology Grant Program Application

Thank you for your interest in Kirkwood Community College's non-credit Health Information Technology Program. Please complete the application and submit it to Robbin Rekemeyer at robbin.rekemeyer@kirkwood.edu or fax it to 319-398-5432. Please include a **letter of recommendation** from current employer, supervisor, or academic adviser attesting to your qualifications and/or suitability for the Kirkwood non-credit HIT Training Program and the completed **Consent to Disclosure of Personal Identifiable Information** form.

Address (street/city/state/zip)	
Primary e-mail	
Alternate e-mail	
Home phone Work Phone	e Mobile Phone
Birthdate	Ethnicity
Credentials or certifications	
Employer	Position/Title
Years at Current Employer	Position/Title Years of experience in Healthcare or IT
Programs that you are interested in (circle and ra	nk in order of preference):
Practice Workflow/Information Manageme	ent Redesign Specialist
Clinical/Practitioner Consultant	
Implementation Support Specialist	_
Implementation Manager	
Technical and Software Support Staff	
Trainer	
All courses are offered by Kirkwood Community 0	College
Do you have access to a computer and the intern	et for on-line course components?
Are you willing to take a job that involves travel?	

Have you ever attended or completed a Community College Consortium Health Information Technology Training program at another college sponsored by the Office of National Coordinator grant funding. Yes/no	
If Yes, did you receive scholarship dollars to attend that member college program?	
Please note: If you have already received scholarship dollars from another member college program that is part of the Office of the National Coordinator's Community College Consortia program, you will not be eligible for additional scholarship dollars in the Midwest Community College HIT Consortium program.	
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For Office Use Only- do not write in this box	
Application complete	
Letter of Recommendation	
Consent to Disclose form	
Accepted	
Enrolled Course Number	
Course Title	
Completed	
Employed	

6 Month Follow Up _____