CORPORATE COLLEGE
AT EASTERN CAMPUS
WAYNE COUNTY COMMUNITY COLLEGE DISTRICT

midwest community college
HIT consortium

WAYNE COUNTY COMMUNITY COLLEGE DISTRICT
CORPORATE COLLEGE, EASTERN CAMPUS

HEALTH INFORMATION TECHNOLOGY (HIT) PROGRAM APPLICATION

Enrollment Ongoing

Please type or print in blue or black ink or submit electronically. ALL QUESTIONS MUST BE ANSWERED COMPLETELY OR YOUR APPLICATION MAY BE DELAYED.

TRAINEE INFORMATION

Name: (Last, First, Middle)	(Maiden Name) If Applicable

Mailing Address: (Number, Street, City, State, Zip)	Telephone No.: Email address:

Social Security Number: ____ - ____ - ____ You will be assigned a college ID number to replace your SS number.	Date of Birth: _____ / ____/_____	Gender: Female ☐ Male ☐

Veteran ☐ Yes ☐ No	United States Citizens? ☐ Yes ☐ No If NO, are you a resident Alien? ☐ Yes ☐ No	Ethnic Origin* ☐ Hispanic/Latino ☐ Asian ☐ Black or African American Native ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ More than one Race ☐ Hispanic/Latino and More than Race * Optional, for statistics only

Please check your area of interest

Workforce Role: Clinician/ Practitioner Consultant Certificate ☐	**Workforce Role:** Implementation Support Specialist Certificate ☐ Healthcare ☐ Information Technology ☐

PRIOR ACADEMIC HISTORY

High School GED	Did you graduate? ☐ Yes ☐ No ☐ Yes ☐ No	Name:______________________ City: ________________________ State: __________ Zip: _______	Mo/Date/Year ___/___/_____	Major
College/ University	Did you graduate? ☐ Yes ☐ No Degree: ________	Name:______________________ City: ________________________ State: __________ Zip: _______	Mo/Date/Year ___/___/_____	Major
College/ University	Did you graduate? ☐ Yes ☐ No Degree: ________	Name:______________________ City: ________________________ State: __________ Zip: _______	Mo/Date/Year ___/___/_____	Major
College/ University	Did you graduate? ☐ Yes ☐ No Degree: ________	Name:______________________ City: ________________________ State: __________ Zip: _______	Mo/Date/Year ___/___/_____	Major

CURRENT WORK EXPERIENCE

Employer____________________ City & State _________________	Position: ___________________ Title: ______________________ Length of Service: ____________	Responsibilities
☐ Not Working Currently ☐ Working in Health Care Field ☐ Working in Technical Field ☐ Working in Non-related Field	# of months / years __________ # of months / years __________ # of months / years __________	Responsibilities

WORK HISTORY

☐ Information Technology (IT) Field	# of months / years __________
☐ Health Information Technology	# of months / years __________
☐ Healthcare Hospital Setting	# of months / years __________
☐ Healthcare Physician Office Setting	# of months / years __________
☐ Military Setting	# of months / years __________
☐ Other _______________________	# of months / years __________

CERTIFICATIONS: I certify that the above information is true.

SIGNATURE:	Date:

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ENROLLMENT IS ONGOING

For further information please contact Ms. Karen McCants, Project Manager at (313) 922-3311 or email to: kmccant1@wcccd.edu.