Health Information Technology Program
Application for Admission

Check the program(s) you want to apply:

☐ Health Information Technology (AAS)
☐ Medical Coding Specialist (Certificate)
☐ Health Informatics (Certificate)

Date _____ Social Security No. _____ Telephone _____

Name _____ Date of Birth _____

Mailing Address _____ City _____ State _____ ZIP _____

Residence Address _____ City _____ State _____ ZIP _____

Email Address _____ Cell Phone _____

Name, Address, Relationship and Telephone # of person to be notified in case of emergency _____

Technical Schools or Colleges Attended	Dates From/To	Degree / Certificate Awarded

Previous medical experience? _____ Explain _____

Have you ever been arrested or convicted of any crime other than a minor traffic violation? _____

Date you wish to enter the Health Information Technology Program _____

Do you have any medical problems limiting you in performing the duties of a Health Information Technician?

☐ Yes   ☐ No

I certify that the above information is true and correct.

_____
Signature

> Mail the Application for Admissions and original transcripts to:
>
> **Lamar Institute of Technology**
> **Health Information Technology Program**
> P.O. Box 10061
> Beaumont, TX 77710

NOTE: The Application for Admission and all other information requested must be received by the Director of the Health Information Program by April 15th or October 15th. Applications received after April 15th or October 15th will not be considered for admission.

Lamar Institute of Technology is an equal opportunity/affirmative action educational institution and employer. Students, faculty and staff members are selected without regard to their race, color, creed, sex, age, handicap or national origin, consistent with the Assurance of Compliance with Title IX of the Education Amendments of 1972, as amended; Section 504 of the Rehabilitation Act of 1973. Inquiries concerning application of these regulations may be referred to the Director of Human Resources.