INSTRUCTIONS FOR SUBMITTING SCREENING FORM
Health Information Technology Program (21HM)

Submitting a screening form declares your intent to be considered for the Health Information Technology (21HM) Program

SCREENING FORM SUBMISSION
Complete this Screening form and submit it to the Office of Admissions and Recruitment:

Email: hit-admissions@clcillinois.edu
(Print the form, complete it, scan it, and attach it to the email)

Fax: (847) 543-3061

US Mail: Office of Admissions and Recruitment
19351 West Washington Street
Grayslake, IL 60030-1198

In Person: Welcome and One Stop Center – Grayslake Campus, B114

SCREENING DEADLINES
Forms must be received by the end of business on:

the 1ST WEDNESDAY in FEBRUARY

SCREENING FORM VERIFICATION
It is your responsibility to confirm that the Office of Admissions and Recruitment has received your screening form and other documents. You may do so via:

Email: hit-admissions@clcillinois.edu

Phone: (847) 543-2061

In Person: Welcome and One Stop Center – Grayslake Campus, B114
Request for Screening
Health Information Technology Program (21HM)

RETURN THIS FORM AND ALL REQUIRED DOCUMENTS TO:
Office of Admissions and Recruitment
19351 West Washington Street • Grayslake • Illinois • 60030-1198
Phone: (847) 543-2061 • Fax: (847) 543-3061 • hit-admissions@clcillinois.edu

The Health Information Technology program is a limited enrollment program that requires a screening procedure to select the academically best qualified from those who request consideration. Preference will be given to residents of Community College District 532 and other institutions with Joint Agreements.

Interested students may take HIT 111, 113, 115, 117, 119, 131, 132, 171, 215, and 271 prior to being admitted to the program. However, the number of students that can be admitted to the Professional Practice Experience (HIT 212 and HIT 213) each year is limited. Please see the current College Catalog for further details.

This form must be completed and submitted to the Office of Admission & Recruitment by the screening deadline of the semester for which you desire admission.

Screening Deadline:
• 1st WEDNESDAY in FEBRUARY

Screening requirements need to be completed prior to the screening deadline.

Name:________________________________________ CLC ID#________________________________________
Former or Maiden Name:________________________________________ Social Security #:________________________
Address:________________________________________ Phone: (______)____________________
________________________________________________________ Admission for:☐ Fall  ☐ Winter  ☐ Spring  ☐ Summer

1. I have submitted the following to the Admissions and Recruitment Office: (check the appropriate boxes)
   A. Official High School Transcript with graduation date OR Official GED Test Scores ☐
   OR
   B. Official College Transcript with graduation date and degree awarded ☐
   OR
   C. Official Foreign High School or College Transcript evaluated by a NACES approved agency ☐

2. I have met the following minimum selection criteria to screen: (check the appropriate boxes)
   A. Attend a Health Information Technology Information Meeting (Attendance date must be no more than two years prior to the screening deadline of the year for which you are applying) Date
   Attended:__________________
   B. College Reading and Writing Readiness and Basic Algebra Readiness ☐
   C. CLC Cumulative GPA is 2.0 or above ☐
   D. NLN PAX with minimum composite percentile of 50 (within 3 years of the screening deadline) ☐

I have read and understand the information contained in this Screening Request form. I believe I am/will be ready for screening consideration for admission to the Health Information Technology Program by the deadline date for the term and year that I have indicated above (Including that I will be at least 18 years of age by the start of the program). I understand that it is my responsibility to ensure that all of the above requirements are met prior to the screening deadline.

________________________________________  __________________________________________
(Student Signature)  (Date)
HS Grad __________ College Grad __________ Credit Eval __________ NLN Test Scores __________

File Completion Date ____________________________ Adm Rep ____________________________

Notes:

<table>
<thead>
<tr>
<th>Screening Results</th>
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</thead>
<tbody>
<tr>
<td>Meeting: _____ Yes _____ No</td>
</tr>
<tr>
<td>CLC GPA: _______________</td>
</tr>
<tr>
<td>Coursework: _____ Chemistry _____ Biology _____ Biology (A&amp;P)</td>
</tr>
<tr>
<td>NLN Results: _____ Verbal _____ Math _____ Science _____ Composite</td>
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<tr>
<td>Notes:</td>
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</tbody>
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Outcome/Letter: