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 Program (21HM)

Screening Form Submission

Complete this Screening form and submit it to the Office of Registration Services:

Email: hit-admissions@clcillinois.edu

Fax: (847) 543-3061

Mail: Office of Registration Services
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 for:

Fall Admission: the **1st Wednesday** in **February**

Screening Form Verification

It is your responsibility to confirm that the Office of Registration Services 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

Office of Registration Services
19351 West Washington Street
Grayslake, IL 60030-1198
Phone: (847) 543-2061 • Fax: (847) 543-3061
Email: hit-admissions@clcillinois.edu

Request for Screening
Health Information Technology Program (21HM)

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 Registration Services by the screening deadline of the semester for which you desire admission. **Screening requirements need to be completed prior to the screening deadline.**

Screening Deadline:
Fall Admission: the **1st Wednesday** in **February**

Name: _____ CLC Student ID#: _____

Former or Maiden Name: _____ Social Security #: _____

Address: _____ City: _____ State: _____ Postal: _____

Phone: _____ Admission Term: ☐ Fall Year: _____

Educational History

I have submitted the following to the Registration Services Office (check all that apply):

- ☐ Official High School transcripts with graduation date OR Official GED test scores
- ☐ Official College transcripts with graduation date and degree awarded
- ☐ Official Foreign High School or College transcripts evaluated by a NACES approved agency

If you have coursework from another school that could be used to meet program requirements, you must submit a Transfer Credit Evaluation form. The form is included with this packet and available at www.clcillinois.edu/studentforms.

Selection Criteria

I have met the following minimum selection criteria to screen (check all that apply):

- ☐ Attend a Health Information Technology Information Session no more than 2 years prior to the screening deadline

  Date Attended: _____
- ☐ College Reading and Writing Readiness, and Basic Algebra Readiness
- ☐ CLC Cumulative GPA is 2.0 or above
- ☐ NLN NEX with minimum composite percentile of 50 (within 3 years of the screening deadline- NLN PAX scores within 3 years of screening deadline will also be accepted)

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 Associate Degree in 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

-OFFICE USE ONLY-

HS Grad _____ College Grad _____ Credit Eval _____ NLN Test Scores _____

File Completion Date_____ Adm Rep_____

Notes:

Screening Results
Meeting: _____ Yes _____ No Transcript: _____ High School _____ College _____ None CLC GPA: _____ Proficiency: _____ Language _____ Math _____ None Coursework: _____ Chemistry _____ Biology _____ Biology (A&P) NLN Results: _____ Verbal _____ Math _____ Science _____ Composite Notes:
Outcome/Letter:

Student Records
19351 West Washington Street
Grayslake, IL 60030-1198
Phone: (847) 543-2015 • Fax: (847) 543-3012
Email: records@clcillinois.edu

Transfer Credit Evaluation Request

For College Coursework and Military Training/Experience

This form is for students who want to transfer in credit from another U.S. regionally accredited college or university, or from military training and experience. Students with credit from non-regionally accredited schools must complete the Appeal of Evaluation of College Transcript form.

Official transcripts from each school are required. Transcripts must be received in a sealed envelope or sent electronically from the original institution via an approved secure site to be considered official. Transfer credit posted on another school's transcript will not be reviewed; you must send official transcripts from all schools you have attended.

International transcripts will not be evaluated; you must contact a NACES approved evaluator for evaluation for foreign coursework, and have the official evaluation sent to Student Records. The evaluation must be a **Catalog Match** evaluation in order to be considered for transfer credit. In some cases, it may be more cost effective to pursue a Credit for Prior Learning option if you are unsure your previous coursework is transferable.

Name:_____ CLC Student ID#:_____

Student Email:_____@stu.clcillinois.edu Phone:_____

Courses will only be transferred if they apply towards the program(s) indicated on this form. You may select more than one program. You can submit a new form and have your transcripts re-evaluated if you change your program in the future.

- ☐ Associate in Arts (13AB)
- ☐ Associate in Science (11AB)
- ☐ Associate in Engineering Science (12AB)
- ☐ Associate in Fine Arts (14AA)
- ☐ Associate in Fine Arts in Music (16AB)
- ☐ Associate in General Studies (10AC)
- ☐ Associate in Applied Science Degree (A.A.S.):_____ Plan Code:_____
- ☐ Career Certificate:_____ Plan Code:_____

Is this your first CLC Transfer Credit Evaluation? ☐ Yes ☐ No*

*If you answered No: ☐ I am sending new transcripts ☐ Evaluate the same transcripts used for previous evaluations

List all colleges/universities or military transcripts to be evaluated below.

College/University/Military ***Do Not Use Abbreviations!***	**City and State**	**Date You Requested Official Transcript**

When your evaluation request is complete, you will receive notification to your CLC email account. Evaluations are normally completed within 4-6 weeks of receipt of the last document. Any concerns regarding your transfer credit evaluation must be made within one month of the completion of your evaluation. Once posted, transfer credit cannot be removed from your record.

I request the College of Lake County to evaluate my college transcripts for the purpose of determining transfer credit. I understand that I must be a degree or certificate seeking student to make this request.

_____ _____

Student Signature Date