

## Application Instructions

Thank you for your interest in the Laramie County Community College Health Information Technology and Management program.

Please ensure that you fill out this application in its entirety. Failure to do so will result in your application not being accepted for review.

The following items must be complete upon submission of your application:

Acceptance to LCCC within the last semester

Complete HIT/M application

Complete written interview

Agree to complete the drug screen and background check prior to beginning any HIT or MEDC courses

Read and understand the HITM Program Handbook for Students

Provide required signature

**Please return completed application and all required documents to:**

Email: [hitm@lccc.wy.edu](mailto:hitm@lccc.wy.edu)

Laramie County Community College  
HITM Program HS 220

1400 E. College Drive  
Cheyenne, WY 82007

## Summary of Positions

*Please review the position summaries below:*

### **Summary for Medical Secretaries, 43-6013.00\***

Perform secretarial duties using specific knowledge of medical terminology and hospital, clinic, or laboratory procedures. Duties may include scheduling appointments, billing patients, compiling and recording medical charts, reports, and correspondence.

### **Summary for Medical Records and Health Information Technicians, 29-2071.00\***

Compile, process, and maintain medical records of hospital and clinic patients in a manner consistent with medical, administrative, ethical, legal, and regulatory requirements of the health care system. Process, maintain, compile, and report patient information for health requirements and standards in a manner consistent with the healthcare industry's numerical coding system and privacy laws.

### **Summary for Medical Coders, 29-2071.00\***

Medical coders review medical record documentation and assign codes for diagnoses and procedures using standard classification systems including CPT, ICD-10-CM/PCS, and HCPCS Level II. Skills include knowledge of the human body and disease processes and coding guidelines and conventions. Other duties include verification of the work that was carried out during the visit, the quality of physician documentation and abstraction of important data like physician names, dates of procedures, and insurance carrier.

The applicant must possess the ability to work with patients, family members, and medical professionals; possess the ability to document, in writing, all relevant information in a format that fits the standard of a medical office; possess the ability to write and converse in English with co-workers and medical staff.

The candidate must possess good manual dexterity and the ability to perform tasks related to the delivery of the highest quality of patient care; must possess the ability to bend and stoop as well as lift up to 35 pounds; must be able to type, sit, stand for long periods of time.

\*National Center for O\*NET Development. O\*NET Online. Retrieved March 2, 2018, from <https://www.onetonline.org/>.

**APPLICANT INFORMATION**Name (First, MI Last):  Full-time  Part-time  Undecided

Date of Birth:

SSN:

Phone:

LCCC Student ID#:

Male

Female

Current Address:

E-Mail:

City:

State:

ZIP Code:

Program Goals:

**MEDICAL EXPERIENCE (If Applicable)**

Name &amp; Location of Facility

1.

2.

3.

4.

Do you hold any current certifications? Yes No

Name:

**CRIMES AGAINST A PERSON, FELONY STATEMENT AND LICENSING ACTION**

Have you ever been convicted of a crime against a person? Yes No

Have you ever been convicted of a felony? Yes No

Have you ever been subjected to limitation, suspension, or termination of a health care occupation  
Or voluntarily surrendered a health care license in any state or to an agency authorizing the legal right to work? Yes No**If you answered "yes" to any of the questions above, please provide details below.  
You must also provide official documentation of the current status and disposition of the case.**

Applicant Information Details

[Empty form area for Applicant Information Details]

APPLICATION ACKNOWLEDGEMENTS

By checking this box and submitting this application, I hereby certify that all statements made on this application are true and correct. False statements may result in denial to enter in, or removal from, the program. I understand the information may be released to support current or future research projects associated with the HITM program.

By checking this box and signing this application, I acknowledge I have read and understand the Position Summaries of an HITM employee. I understand that being accepted in this program does not guarantee an employer will make an accommodation for employment. Future employers have the right to set standards within their facilities and employment decisions are at the sole discretion of each individual facility.

By checking this box I acknowledge I understand I must complete and pass a background check and drug screen prior to beginning any HITM courses. I understand if I have further questions I will consult the Health Science & Wellness Division Policy ([PDF](#)) for allied health students.

By checking this box, and signing this application, I acknowledge I read and understand the Health Information Technology/Management Program Policy Handbook for Students.

Name of Applicant (*Please Print*):

Signature:

Date:

Signature of HIT/M Program Director:

Date:

**WRITTEN INTERVIEW**

1. What reasons/experiences attracted you to a career in HIT/M?

2. Online, college-level programs require a great deal of self-study and effective time management skills. Describe how you will organize your time to study and meet deadlines. What barriers exist that you will need to overcome while in the HIT/M program?

3. We have a limited class size, why should we accept you into the program over someone else?

4. Briefly describe your work experience, volunteer or compensated. What skill or ability would you highlight as your greatest strength?

**PLEASE READ THE INSTRUCTION SECTION OF THIS APPLICATION PACKET BEFORE  
SUBMITTING TO ASSURE YOU HAVE INCLUDED ALL REQUIRED DOCUMENTS. YOU  
MUST SCAN & ATTACH ADDITIONAL DOCUMENTS**

E-Mail to: [hitm@lccc.wy.edu](mailto:hitm@lccc.wy.edu)

**ALL REQUIRED DOCUMENTS MUST BE ATTACHED IN ONE E-MAIL**

*Any questions or concerns feel free to contact:*

**Ann Howard, MHA, RHIA, CCS**

**Program Director**

**Ahoward@lccc.wy.edu**

**307.432.1686**