



Saddleback College

Division of Health Sciences & Human Services – Room 235

Student Intake

Health Information Technology Program

Please Print

Saddleback Student I.D. # _____

E-mail Address _____

Last Name _____

First Name _____

Middle Initial _____

Maiden Name _____

Previous Names Used _____

D.O.B. _____

Address _____

(_____) _____ Cell/Home number

Have you previously applied to any programs at Saddleback College? yes no

Have you taken any courses at Saddleback College? yes no

If yes, please indicate which courses: _____

Have you met with a counselor at Saddleback College? yes no

Have you completed a petition for course substitution or waiver? yes no

If you have completed HIT courses in another college/university, you will need to fill out the [petition forms](#) for course substitutions for equivalency. CIM and BIO course petitions are separate. Use one form for each of those departments. Scan and attach unofficial transcripts for preliminary evaluation with the completed petition form(s).

Use this worksheet for mapping outside courses

| Saddleback College Course | Course taken at previous College & Units | Name of College |
|---|--|-----------------|
| HSC 104 Medical Terminology | | |
| HIT 100 Health Information Science | | |
| HSC 106 Legal & Ethical Aspects | | |
| HIT 101 Alternative Healthcare Delivery Systems | | |
| HIT 111 Healthcare Information Technologies | | |
| HSC 108 Disease Processes for Health Sciences | | |
| HIT 109 ICD Diagnostic Coding | | |
| HIT 110 ICD Procedure Coding | | |
| HIT 112 Reporting Healthcare Data | | |
| HIT 115 CPT & Ambulatory Care Coding | | |
| HIT119 Management Resources | | |
| HIT 116 Performance Improvement in Healthcare | | |
| HIT 115 CPT/Ambulatory Care Coding | | |
| HIT 122 Reimbursement Methodologies | | |

Please List Any Degrees Earned

| DEGREE TYPE | MAJOR / MINOR | Which College Granted the Degree? | Year Degree Was Granted |
|-------------|---------------|-----------------------------------|-------------------------|
| | | | |
| | | | |

Please List All Colleges Attended In Chronological Order

| COLLEGES ATTENDED | UNITS COMPLETED | GPA |
|-------------------|-----------------|-----|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |

All *official (sealed and unopened) college transcripts* must be on file with the Saddleback College Office of Admissions and Records at: 28000 Marguerite Parkway, Mission Viejo, CA 92692-3635. Applications will not be considered unless all official transcripts are on file. Transcripts will not be returned. The Saddleback College Office of Admissions and Records telephone number is (949) 582- 4555.

I acknowledge that the information completed on this application is true and correct.

Student Signature: _____ Date: _____

I acknowledge that the information completed on this application is true and correct.

How did you learn of the Saddleback College Health Information Technology Program?

| | |
|--|--|
| <input type="checkbox"/> Campus Newspaper (Lariat) | <input type="checkbox"/> KSBR Radio (88.5 FM) |
| <input type="checkbox"/> Channel 39 (Cox Communications) | <input type="checkbox"/> MySite Message Board |
| <input type="checkbox"/> College Web Site – Home Page Bulletin Board | <input type="checkbox"/> Off-Campus Publicity |
| <input type="checkbox"/> College-Wide E-mail | <input type="checkbox"/> T.V. Screen in the Health Sciences Building |
| <input type="checkbox"/> Electronic Marquees (Quad or Street) | <input type="checkbox"/> Other (Please Specify): |