



NATIONAL PARK COLLEGE

HEALTH INFORMATION TECHNOLOGY PROGRAM APPLICATION FORM

Applications accepted

September 1st - October 31st for Spring Admission

February 1st - March 31st for Fall Admission

Date of Birth: _____ NPC ID Number: _____

Print Full Legal Name: _____
Last Name First Name Middle Name

Preferred Name (if different from legal name): _____

Personal Email: _____ NPC Email: _____

Cell Phone: _____ Work Phone: _____

Mailing Address: _____
Number & Street City State Zip Code

Social Security Number: _____ Do you have a valid U.S. Social Security number? Yes No

Are you a U.S. Citizen? Yes No Do you speak English in your home? Yes No

High School: _____
School Name City State

Date of High School Graduation: Month: _____ Year: _____ G.E.D Certification: Yes No

List information concerning high schools, colleges, or university attended:

Name of Institution	City & State	Dates (From - To)	Degree Received

List Work Experience:

Employer	Location	Dates (From - To)	Description of Work

Have you previously applied to this program? Yes No Date: _____

Have you ever taken a college entrance examination? Yes No Date: _____
ACT SAT ACCUPLACER Other: _____

How did you hear about this program? _____

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY: 8:00 a.m. - 4:00 p.m.

Name: _____ Phone Number: _____

1. Have you ever been convicted of a felony or a misdemeanor? Yes No
2. Do you have a felony charge pending? Yes No

If yes on either of the previous questions, submit an explanation of the felony and/ or misdemeanor, including dates and specific details. Place it in a sealed envelope addressed to the Dean of Nursing and Health Sciences and attach it to this application.

For your application to be considered complete you must complete the following:

1. Apply to NPC if you are not currently a student.
 2. Attach unofficial transcripts from all colleges or universities attended, including NPC.
 3. If you have never attended college attach a copy of standardized test scores (COMPASS, ACT, or SAT).
 4. On a separate sheet of paper, please answer the following questions.
 - a. Why did you choose HIT as a career?
 - b. What planning have you done to provide adequate preparation and study time?
 - c. What are your future goals?
 5. Provide 3 letters of recommendation. We do NOT accept recommendations from family member(s).
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IMPORTANT INFORMATION:

Please save the completed copy of this application and print. To finalize this application, submit a signed hard copy to the Division of Nursing & Health Sciences.

National Park College provides academic accommodations as mandated by ADA and 504. Please contact NPC's Compliance officer at 501-760-6388 for reasonable accommodations under the American's with Disabilities Act (ADA) and for disability assistance information

Falsifying any records pertinent to this application can lead to ineligibility or immediate dismissal from the health sciences programs. I understand that falsifying my application is dishonest and demonstrates a lack of integrity which could compromise my acceptance and/or licensure. _____ (PLEASE INITIAL)

I understand that the health care industry requires drug testing upon employment and random testing throughout employment. Also, I understand that the Substance Abuse Policy at NPC Health Information Technology Program may require drug testing during my enrollment for the following reasons: 1) Scheduled testing at unannounced designated times throughout the program. 2) Random testing as required by the clinical agencies. 3) For cause.

Signature: _____

Date: _____

National Park College in compliance with Title VI of the Civil Rights Act of 1964 and Title IX of the Education Amendments of 1972 Higher Education Act does not discriminate on the basis of race, color, national origin, sex, or qualified handicap in any of its policies, practices, or procedures. The provision includes, but is not limited to, admissions, employment, financial aid, and other educational services. Any person having inquiries concerning NPC compliance with Title IX is directed to contact the Dean of Students Office on the second floor of the Student Commons or by telephoning (501) 760-4229.

Return the Complete Application and all Documents to:
Nursing & Health Sciences Division
Health Information Technology Program Director
National Park College
101 College Drive: Hot Springs, AR 71913