



DIVISION OF ALLIED HEALTH SCIENCES

HEALTHCARE ACCESS ASSOCIATE

APPLICATION PACKET (2018)

NOTICE OF NON-DISCRIMINATION:

Southern University at Shreveport does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities. An ADA/Section 504/Title IX Coordinator has been designated to handle inquiries regarding the non-discrimination policies.



Division of Health Sciences Healthcare Access Associate Program

Dear Applicant:

Thank you for your interest in the Healthcare Access Associate (HCAA) Program. The Healthcare Access Associate Program is a twenty-three (23) credit-hour curriculum leading to a Certificate of Technical Studies Degree. The program has adopted the curriculum model established by the National Association of Healthcare Access Management (NAHAM).

Applicants to the Healthcare Access Associate Program must meet general admission requirements to the University as outlined in the University Catalog. Southern University at Shreveport is an open admissions institution. However, acceptance into the HCAA Program requires a cumulative GPA of 2.0 as well as fulltime commitment to both didactic and clinical instruction.

Interested students are required to complete and submit an application to the HCAA Program during the Summer semester, but prior to the start date for Fall classes. The application is to be submitted to the Program Director or program faculty. Applicants who turn in a completed application packet will be notified via email and/or by telephone of official admission to the program.

We ask that you read the directions carefully to ensure the application is completed correctly so there will be no delay in the review of your application. If you have any questions about the application procedure, you may contact Ms. Pam McMillon, RHIT, CHAA or Ms. LaChandra Wells, RHIT, Clinical Coordinator at (318) 670-9645 or myself at (318) 670-9644.

Educational opportunities are offered by Southern University at Shreveport without regard to race, color, religion, sex, sexual orientation, national origin, age, disability, marital status, or veteran's status. All applicants will be afforded equal opportunity for admission and progression in the Healthcare Access Associate Program. For students with disabilities, reasonable accommodations will be made to policies, practices, or procedures as necessary to achieve course objectives.

Again, thank you for your interest in the HCAA Program at Southern University at Shreveport.

Sincerely,

Kim Newlen-May, MA, RHIA

Kim Newlen-May, MA, RHIA
Program Director
Health Information Technology Program / Medical Coding Specialist Program / Healthcare Access Associate Program

HEALTHCARE ACCESS ASSOCIATE PROGRAM

Mission Statement

Dedicated to quality education and the advancement of best practices in a fostering learning environment that develops technical competencies, critical-thinking, problem-solving, and interpersonal skills to prepare graduates for entry level positions as competent and skilled professionals in a global healthcare access associate industry.

Program Philosophy

- Offer a curriculum that meets the needs of our communities of interest by providing students with the technical, cognitive, and professional skills to enter a global healthcare access associate industry as competent and confident healthcare access associates.
- Provide students with hands-on-experience, simulating a healthcare setting utilizing up-to-date technology.
- Challenge students and department faculty to maintain high standards of ethical and professional behavior which support the National Association of Healthcare Access Management (NAHAM) Code of Ethics.
- Mentor and encourage students to become active in respective professional associations.
- Prepare graduates who will qualify for employment in a healthcare setting at a position level of a healthcare access associate.
- Maintain an academic program with a knowledgeable, qualified, and nurturing faculty.
- Offer didactic instruction utilizing a variety of instructional methodologies conducive to access and success from both a traditional and non-traditional student perspective.

Program Learning Outcomes

Upon completion of the Certificate of Technical Studies in Healthcare Access Associate, students will be able to:

1. Perform patient registration and scheduling processes in compliance with professional association guidelines.
2. Conduct insurance verification on patients with commercial health insurance plans, managed care health insurance plans, and government-sponsored health insurance plans.
3. Demonstrate professional and communication skills expected on a professional practice experience in accordance with program / clinical site / national association professional ethics / conduct.

Program Admission Requirements

1. Meet the general admissions criteria of the University.
2. Complete an application for admission to the HCAA Program along with an application fee made payable to the Health Information Technology Program.
3. Score on the ACT or University Placement Test sufficient to place in college level courses.
4. Provide official transcripts (may also be e-scripted) from other colleges or universities attended. Students with no previous college coursework will need to provide official High School / GED transcripts.
5. Achieve an overall cumulative GPA of 2.0 or higher in previous college course work and currently be in good academic standing without academic probation or suspension. Students with no previous college coursework will require an overall cumulative GPA of 2.0 or higher in High School / GED.
6. Complete a criminal background check through a nationwide investigative research company and a drug screen as mandated by the program's clinical affiliates.

For those candidates selected for admission, a physical exam will be required in the 1st Spring semester. A physical exam form, "Verification of Health Status Statement" is included in the student health verification packet. Please note, the physical exam and other required documents listed below, must be completed prior to Professional Practice Experience placement.

- A completed "Verification of Health Status Statement" signed by a physician of the applicant's choice confirming the applicant is in good physical and mental health and possesses the requirements to function satisfactorily within the program and the occupation.
- Proof of current immunization status to include PPD, MMR, Varicella, Td, and influenza.
- A second negative criminal background check and drug screening.

NOTE:

The physical exam, proof of immunization status, and a second negative criminal background check and drug screening are required **prior** to the student being scheduled for the first Professional Practice Experience. This is required in the first Spring semester of the professional curriculum but no later than midterm in the first Spring semester of the professional curriculum.

The hepatitis series may or may not be required dependent on the PPE clinical site. For additional details, refer to Health Status.

Healthcare Access Associate – Certificate of Technical Studies Curriculum

<u>General Educational Courses:</u>		<u>Credit Hours</u>
Medical Terminology I	ALLH 210	3
Public Speaking	COMM 215	3
Introduction to Business	MGMT 200	3
Business Communications	MGMT 260	3
<u>Health Information Technology Professional Course:</u>		
Introduction to Healthcare Computer Applications	HIMT 110	3
<u>Healthcare Access Associate Professional Courses:</u>		
Basic Healthcare Access Procedures	HCAA 105	4
Advanced Healthcare Access Procedures	HCAA 200	3
Healthcare Access Associate Exam Review & Internship	HCAA 210	1
Total Credit Hours: 23		

Technical Standards

The Technical Standards for HCAA Program students are outlined below:

I. Cognitive

A. Ability to apply HCAA standards and information.

Examples:

1. Apply information, evaluate the meaning of data and engage in critical-thinking utilizing course content and assignments.
2. Apply broad course concepts to unique situations.
3. Concentrate to correctly perform HCAA tasks within the scope of practice.
4. Make correct judgments in seeking consultation or supervision in a timely manner.
5. Respond appropriately to constructive feedback.

II. Communication

A. Appropriate interpersonal interaction with other students, faculty, staff, patients, family, and other professionals.

Examples:

1. Establish and maintain a professional relationship with patients and colleagues.
2. Demonstrate appropriate professional level of maturity.
3. Effective verbal and written communication with others.
4. Convey information in a clear, professional and timely manner.
5. Listen and respond to others in an accepting and respectful manner.

III. Motor Skills

A. Sufficient motor function to execute movements required to perform general healthcare access associate duties.

Examples:

1. Utilize office equipment in a safe manner while performing duties within scope of work.

B. Sufficient physical endurance to participate fully in the clinical and academic settings at an appropriate level.

Examples:

1. Participate completely in classroom and/or online activities.
2. Participate fully in required activities in clinical setting, including extended periods of sitting, standing, lifting equipment and walking briskly as is reflective of the general practice of healthcare access associate.

IV. Professional Conduct

A. Function effectively and adapt to circumstances including highly stressful or rapidly changing situations.

Examples:

1. Examine and change his/her behavior when it interferes with professional relationships or the academic or healthcare environment.
2. Maintain mature, sensitive and effective relationships with patients, colleagues, faculty, staff and other professionals.

3. Demonstrate emotional stability to participate fully in the clinical and academic setting at an appropriate level.
- B. Incorporate professional standards of practice into all activities.
Examples:
1. Advocate, uphold and defend the individual's right to privacy and doctrine of confidentiality in the use and disclosure of information.
 2. Work effectively with a team in an academic or healthcare setting.
 3. Use correct and appropriate grammar in written and oral communication and being culturally sensitive and professional.
- C. Demonstrate integrity and accountability in clinical and academic settings.
Examples:
1. Complete all assignments and coursework in a timely manner while adhering to the University and Program, and NAHAM code of ethics.
 2. Respond appropriately to constructive feedback.
 3. Take all exams and quizzes on time as scheduled.
- D. Present self in a professional manner in clinical and academic settings.
Examples:
1. Attend clinical following the dress code policy, including appropriate hygiene with no detectable scents or odors.
 2. Wear appropriate clothing that is not distracting or offensive when in the clinical or academic environment.
- E. Utilize computers correctly, effectively and professionally to acquire information and to communicate with others.
Examples:
1. Use the University learning management system to collect course information.
 2. Utilize multiple computer systems to complete tasks.
 3. Utilize the Internet to collect current information from appropriated sources to provide content for coursework and assignments.
 4. Communicate via e-mail or telephone in a professional and ethical manner.

V. Sensory

- A. Hearing sufficient to perform healthcare access associate tasks.
Examples:
1. Listening to physician and other healthcare provider's verbal communications.
 2. Communication with employees and other healthcare staff.
- B. Vision sufficient for assessment necessary to perform healthcare access associate tasks.
Example:
1. Reading provider documentation, statutes, regulations, reference materials, and licensing/regulatory/accrediting standards.

(The College of Davidson and Davie Counties, Fall 2012 Allied Health Programs Admission Policies and Procedures, http://www.davidsonccc.edu/pdfs/Admissions_AlliedHealthPacket.pdf)

Transfer Students

In accordance with University policy, students who have been enrolled at another institution must report official transcripts from each college or university previously attended. The Registrar at Southern University at Shreveport will evaluate all previous work completed by a student at other institutions. Transfer credit may be given for those courses taken at accredited institutions provided that the courses fall within the scope of approved curriculums. Acceptability of non-equivalent courses is subject to the approval of the Dean of Allied Health Sciences / School of Nursing and Program Director.

Transfer students requesting admission into the HCAA Program must meet admission criteria (application deadlines must be met only in the event that the program must utilize a selection process for acceptance into the program).

Program Progression Requirements

1. Pre-advise with a HCAA Program instructor/advisor each semester and update the degree plan.
2. Maintain an overall cumulative grade point average of 2.0 or higher.
3. Take professional courses in sequence and earn a grade of “C” or better in each required course in both the professional and nonprofessional components of the HCAA curriculum.
4. Achieve a satisfactory evaluation in the professional practice experiences resulting in a “C” or better.
5. Provide a negative criminal background check and a negative drug screen prior to clinical placement.

PROGRAM REQUIREMENTS FOR GRADUATION:

The Certificate of Technical Studies in **Healthcare Access Associate** is conferred upon a student when the following conditions have been met:

- Successful completion of all required courses.
- Achievement of an overall grade point average (GPA) of 2.0 or higher in all Healthcare Access Associate courses.
- Successful completion of the Healthcare Access Associate Exam Review & Internship in the last semester of coursework; and successful completion of a Mock HCAA examination.
- Clearance of all indebtedness to the University

Note: Please refer to the University catalog for additional policies related to admissions, advanced placement, transfer of credits, experiential learning, tuition/fees, withdrawal, and refunds of tuition/fees.

Probation

A student may be placed on probation when failing to comply with the academic and professional conduct standards of the Healthcare Access Associate Program. A violation has occurred when:

1. A lack of professional compatibility is demonstrated when the standards described in the National Association of Healthcare Access Management Code of Ethics are not met.
2. Earning a first grade of “D”, “F”, or “W” in any required course in the professional component.

Dismissal

A student found guilty by the Southern University Disciplinary Committee of any of the following will be dismissed from the Healthcare Access Associate Program and may be subject to University sanctions:

- Academic cheating
 - Plagiarism
 - Unauthorized possession of examinations
 - Falsification of Southern University documents
 - Illegal possession, sale, use, or distribution of drugs
 - Illegal possession of weapons
 - Theft
 - Students are eligible to apply to the program in the next Fall semester in which applications are accepted. Students will be considered with all other applicants and must meet eligibility criteria.
 - Any other activity incompatible with professional behavior as delineated in the NAHAM Code of Ethics or Southern University.
1. A student will be dismissed from the HCAA Program when:
 - Continuing to demonstrate a lack of professional compatibility while on probation.
 - Failing to declare criminal charges, arrests or convictions that occur while matriculating in the program.

Exceptions

Students have the right to request an exception to any of the above policies. Letters of Exception are to be submitted to the Program Director. After consideration, the Program Director will submit her recommendations to the Dean of Allied Health & Nursing for a final decision.

Grading Scale

93 - 100	A	69 - 76	D
85 - 92	B	68 and below	F
77 - 84	C		

Health Status

Students are required to obtain a physical examination, a record of current immunization status and submit a completed “Verification of Health Status Statement”. Verification of the following immunizations/tests is required of students: tuberculin skin test (if positive then a chest x-ray is required also); tetanus/diphtheria and/or booster; measles/mumps/rubella (MMR) and/or titer; hepatitis vaccination (optional), Varicella, and the influenza vaccination. Proof of current immunizations may be obtained from the local health unit in the form of an immunization card or from your family using the attached Medical Examination form. The dates of each immunization and/or booster MUST be recorded on the form. Clinical sites require health clearance of any type prior to reporting for clinical experiences and program accreditation guidelines also require that student’s records contain evidence of such clearance. Students who have a change in health status while enrolled in the program must submit a release from a physician to continue in the course. Examples of change in health status include: pregnancy, hypertension, surgery, any injury, change in mental status, and substance abuse. **The examples cited do NOT constitute an exhaustive list.**

NOTE: The health change status information must be completed for the student’s program file prior to PPE placement.

NOTE: Students are required to disclose any and all physical and mental health concerns.

Criminal Background Checks & Drug Screening after Acceptance into the Clinical Program

Clinical sites require a criminal background check and drug screening prior to participation in Professional Practice Experiences (PPEs). Background checks are conducted through a contracted agency and include a nationwide criminal background check. Students must also undergo a Drug Screen by an approved lab through the HIT /Medical Coding Specialist Program / Healthcare Access Associate Program. **The criminal background check and the drug screen are required prior to admission to the HCAA program and again in the first Spring semester of the professional curriculum** (no later than by the midterm point).

In the event, a student’s criminal background check and/or drug screen returns positive, the student will be dismissed from the clinical program.

Health Insurance

Students are strongly encouraged to have a medical insurance plan. Payment for the premium coverage as well as all health related conditions are the responsibility of the student.

Liability Insurance

Students in the HCAA Program, being a division of Southern University at Shreveport, and thereby an agency of the State, are accorded professional liability protection under Act 660, Senate Bill #467, which amends and reenacts Section 66 of the 1976 Regular Session of the Louisiana Legislature relative to medical malpractice which provides for the payment of malpractice claims against State health providers.

Drug Policy

The drug policy of the HIT / Medical Coding Specialist / Healthcare Access Associate Programs is consistent with that of Southern University. (See Student Handbook and Code of Conduct Manual) Students who demonstrate a reasonable suspicion based on objective and documented facts sufficient to lead a prudent University authorized person to suspect that a student is using alcohol or drugs shall submit to an “on-the-spot” search and inspection of personal affects and drug testing as outlined in the Student Handbook.

Academic Dishonesty

The academic honor system of Southern University at Shreveport is based on the premise that each student has the responsibility to uphold standards of academic integrity, to be intolerant of dishonesty in the university community and to foster a high sense of honor and social responsibility. The University believes that honor is fostered, not forced, and that it is fostered through the willing and earnest efforts of both faculty and students. Academic dishonesty is viewed as an offense against the University. “A student who has committed an act of academic dishonesty has failed to meet a basic requirement of satisfactory academic performance. Thus academic dishonesty is not only a basis for disciplinary action, but is also relevant to the clinical placement of students.” Student Handbook 2015-2017.

Professional Practice Experiences

Students accepted into the Healthcare Access Associate Program will be expected to:

- Have access to a reliable vehicle for transportation to and from the clinical site
- Assume the cost of travel to and from the clinical site
- Assume any liability associated with travel to and from the clinical site
- Assume the cost of the clinical uniform (not to exceed \$150.00)
- Assume a clinical assessment fee of \$150.00 (per clinical semester) in addition to tuition
- Travel within a 75 mile radius (one way) to and from the clinical site

Fair Practices

Students may NOT be used for regular staff in the clinical practice setting. Students may NOT take the responsibility or the place of qualified staff. Students may be employed in the field of study outside regular educational hours, provided the work does not interfere with regular academic responsibilities. The work must be noncompulsory, paid, and subject to standard employee policies.

Privacy and Confidentiality

Students should respect the confidential nature of all information that they have access to during the clinical experience. This information includes, but is not limited to, personal health information provided to them orally, contained in patient health records or maintained on the clinical site’s electronic information system. Students will be advised of the Health Insurance Portability and Accountability Act (HIPAA) prior to clinical placement. Violation of any clinical site policy or procedure, or federal confidentiality laws will result in grounds for dismissal from the Healthcare Access Associate Program.

Textbook and Course Materials

The three (3) professional courses in the Healthcare Access Associate Program curricula will NOT require the purchase of textbooks. Students will be provided the Certified Healthcare Access Associate Guide which will serve as the textbook for HCAA 105, 200, and 210. In addition, power point presentations and/or lecture notes and assignments will be provided for each course.

Please keep the following in mind for each professional course:

1. Power points and/or lecture notes **may not** be all inclusive of exam content. Therefore, the student is responsible for reading all course power points, lecture notes, handbooks, supplemental materials, etc. provided to the student by the course instructor / facilitator.
- 2 It is the responsibility of the student to download course power points / lecture notes, assignments, and any other pertinent course materials as these will no longer be available after the last class day. It is highly recommended that students purchase a three ring binder and organize all course documents (e.g. power point lectures, assignments, etc.) as this information serves as reference material to prepare for the national certification examination.

Timed Exams / Quizzes

A time limit will be established for quizzes and exams. The standard time limit for an exam will be approximately 1 to 1 and ½ minutes per exam question. For example, forty-five (45) minutes may be allotted per thirty (30) questions. However, the time limit is subject to change as determined by the course facilitator / instructor and may vary according to the type of test questions (e.g. multiple choice, true/false, fill in the blank, short answer, and so on). As noted above, exam questions will also be based on three cognitive levels: simple recall, application, and analysis.

Acceptance

Applicants for admission to the Healthcare Access Associate Program are expected to demonstrate capacities for academic achievement, problem-solving, and competencies in oral and written expression. Qualities such as responsibility, dependability, courtesy, consideration, honesty, motivation, dedication, and perseverance are critical to success in the clinical program must be present. Strong consideration will also be given to areas such as:

- Flexibility
- Aptitude
- Professional appearance
- Knowledge of the healthcare access associate profession
- True desire to enter the healthcare access associate profession
- Ability to complete the HCAA Program curriculum within the prescribed time

NOTE:

If a candidate fails any course that would preclude graduation, or does not earn at least a “C” in all HCAA courses, reapplication to the Healthcare Assess Associate Program will be required.

Application Checklist

Instructions for submission of application packet:

- **Initial each item below indicating that each is completed**
- **Place completed application in hard cover ½ inch 3 ring binder of your choice**
- **Return the completed application packet to:**

Ms. Kim Newlen-May, MA, RHIA, Program Director

or

LaChandra Wells, RHIT, Professional Practice Experience Coordinator

Pam McMillon, RHIT, CHAA, Instructor

Health Information Technology / Medical Coding Specialist Program / Healthcare Access Associate Program

Southern University at Shreveport - Metro Center

610 Texas St, #327 or #333

Shreveport, LA 71101

Read and follow all directions carefully. If you have any questions, please contact Ms. Newlen-May at (318) 670-9644 or Ms. Wells at (318) 670-9645 or Pam McMillon at (318) 670-9645.

All application packet information, transcripts, and supporting forms must be received by the HIT / Medical Coding Specialist Program Director, Professional Practice Experience Coordinator or HIT / HCAA faculty member on or before the last day of Fall registration.

Please place the application materials in a clear plastic sheet protector in the binder in the following order:

- ___ 1. Completed and signed **Application Checklist** placed in a 3-hole punched clear plastic sheet protector. This will serve as the cover page for your application binder and should be the first page in the binder.
- ___ 2. Completed and signed **Financial Admission Requirements Checklist** placed in a 3-hole punched clear plastic sheet protector.
- ___ 3. Completed **Admission Application** (typed or printed in black ink) placed in a 3-hole punched clear plastic sheet protector.
- ___ 4. Submitted **unopened Official Transcript or e-scripted copy via email** from **each** college or university you have attended or High School transcript (first-time college students) and place in a 3-hole punched clear plastic sheet protector.
- ___ 5. Submitted copy of ACT scores with the application packet (first-time college students only) placed in a 3-hole punched clear plastic sheet protector.
- ___ 6. Submitted tentative **Degree Plan** with all course information completed by a HIT/HCAA faculty advisor (post-conference with the advisor) placed in a 3-hole punched clear plastic sheet protector.
- ___ 7. Completed **Letter of Intent** describing, “Why I selected Healthcare Access Associate as my career choice” and placed in a 3-hole punched clear plastic sheet protector. This letter must be at least one typed page using a 12 font Times Roman Numeral with at least 1” margins. You may access the following website, www.naham.org or Google the profession. Next, you are to summarize what you have learned about the Healthcare Access Associate profession.

- ___ 8. Completed and signed **Student Statement of Confidentiality** placed in a 3-hole punched clear plastic sheet protector.
- ___ 9. Completed and signed **Professional Practice Experience Site Agreement** placed in a 3-hole punched clear plastic sheet protector.
- ___ 10. Completed **Criminal Background Check and Drug Scree** at the cost of \$65 (subject to change). Applicants are to contact Ms. LaChandra Wells, HIT Program Professional Practice Experience Coordinator at (318) 670-9645 for information related to this process. Please contact Ms. Wells prior to packet submission to provide your email address for criminal background check.
- ___ 11. Signed the **Criminal Background Acknowledgement Statement** related to professional practice experience placement and employment opportunity placed in a 3-hole punched clear plastic sheet protector.
- ___ 12. Completed appointment with the Program Director, PPE Coordinator, or HIT/HCAA faculty member.
- ___ 13. Submitted **two self-addressed stamped envelopes** placed in a 3-hole punched clear plastic sheet protector.
- ___ 15. Submitted front **Cover Page** with “Healthcare Access Associate Program” typed in a large black font, followed by “Application for Admission” and the year. Under this, type your full name typed in a large front. Front cover page should be placed in a plastic sleeve front cover 3-ring binder.

I acknowledge that this application is complete and all required elements are included. I understand that it is my responsibility to ensure that the completed application along with all enclosed documents is received by either the Program Director, Professional Practice Experience Coordinator, or HIT/HCAA faculty member in the HIT / Medical Coding Specialist / HCAA Program.

(Applicant’s Signature)

(Date)

(Applicant’s Printed Name)

Financial Admission / Progression Requirements Checklist

Students accepted into the Healthcare Access Associate Program will be required to:

1. Submit a \$40.00 non-refundable application fee (money order only) payable to the HIT Program upon return of the completed application.
2. Pay a \$90 program fee which will be assessed for each professional course (HCAA and HIMT 110) in which the student is enrolled per semester while in the clinical program.
3. Purchase the Neehr Perfect software application at a cost of \$65 per semester (subject to change).
4. Purchase a t-shirt or polo shirt each year for the Division of Health Sciences Annual Student Mixer Event at an approximate cost of \$20 each year (subject to change).
5. Have access to a computer, printer, most current version of Microsoft Office and a broadband internet connection (cable, DSL, or satellite) when NOT at University as many of the professional courses may or may not be offered web-enhanced. Students will have to retrieve course information through the Moodle Learning Management System which is accessed over the Internet. Through this system, students can download syllabi, assignments, lecture notes, Power Point presentations, and other related course documents. Students can communicate with other students and their instructor via the News Forum. Also, instructors can administer timed exams through Moodle.
6. Incur the costs associated with any required immunizations and/or obtaining immunization records (approx. \$200), criminal background check and drug screen (approx. \$65 but subject to change), and transportation required for assignment to a clinical site. (All fees subject to change).
7. Purchase and wear a uniform (shirt and slacks) selected by the PPE Coordinator at an approximate cost of \$100 (subject to change).
8. Assume a clinical assessment fee of \$90 (per clinical semester) in addition to tuition.
9. Pay a graduation fee to the University of \$90 for a CTS in Healthcare Access Associate.
10. While enrolled in the Program, most students find it very difficult to manage school, family responsibilities, and work. Students must be prepared for the time and financial sacrifices involved with completing an allied health program.

I both acknowledge and agree to comply with the aforementioned financial requirements associated with this application and throughout the Healthcare Access Associate (HCAA) Program. I further agree to submit the requested payments in full at the Mandatory Program Orientation and any other specified payments at the specified intervals.

I acknowledge that the only form of acceptable payment will be via money order made out to the Health Information Technology Program.

(Applicant's Signature)

(Date)

(Applicant's Printed Name)



**Healthcare Access Associate Program
Application for Admission**

Southern University at Shreveport, Healthcare Access Associate (HCAA) Program has adopted the curriculum model established by the National Association of Healthcare Access Management (NAHAM). The HCAA Program is a part of the Division of Health Sciences of Southern University at Shreveport. Southern University at Shreveport is accredited by the Commission on Colleges of the Southern Association of Colleges and Schools (www.sacscoc.org).

PLEASE TYPE OR PRINT. Complete the entire application.

Banner ID# (if known)	Name (Last, First, Middle):		Other names under which you have attended school:
Street Address:		City, State & Zip:	Date of birth: (M/d/yy)
Social Security Number:	Cell Phone:	Work Phone:	Other Phone:
Email Address:	Gender: Female Male		
Skymail Address:			
Are you United States citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you 18 years of age or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If NO, what is your current age?	
Are you currently employed in the HCAA field (company)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, what is your current job title & department?	
IN CASE OF EMERGENCY			
Name of Contact:		Relationship to Applicant :	Phone: (Include Area Code)
Street Address:		City, State, Zip:	
Please check one (voluntary): <input type="checkbox"/> White, Non-Hispanic <input type="checkbox"/> African American <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other			
My intended major (s): <input type="checkbox"/> HEALTHCARE ACCESS ASSOCIATE (2 semester program – Certificate of Technical Studies)			

How did you learn about the HCAA Program at SUSLA? Check all that apply:

<input type="checkbox"/> Employer	<input type="checkbox"/> University Website	<input type="checkbox"/> Relative/Friend
<input type="checkbox"/> Career Counselor/Fair	<input type="checkbox"/> Dept. of Labor/WIA	<input type="checkbox"/> Other University personnel
<input type="checkbox"/>	<input type="checkbox"/> Existing Student or Graduate	
<input type="checkbox"/> Other:		

EDUCATION

(List all undergraduate colleges attended as well as professional or graduate schools)

<u>Name of School</u>	<u>City/State</u>	<u>Did you graduate?</u>	<u>If No, # of years left to graduate</u>	<u>If Yes, date of Graduation</u>	<u>Degree received</u>	<u>Major</u>
High School: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No				
GED: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other School:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				

Please list below all general education courses in which you have already completed successfully or are currently enrolled.

<u>Course #</u>	<u>Course Title</u>	<u>College</u>	<u>Term (Semester)</u>	<u>Grade</u>	<u>Transcripts Sent</u>
_____					<input type="checkbox"/> Yes <input type="checkbox"/> No
_____					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
_____					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
_____					<input type="checkbox"/> Yes <input type="checkbox"/> No

Other credentials/ licenses/ professional affiliations, etc., which are relevant to the HIT/HIM field.

NOTE: Official transcripts from all colleges or universities attended must be sent to the Registrar and an additional official set of transcripts must be provided to the Program Director, Professional Practice Coordinator, or HIT/HCAA faculty member of the Health Information Technology Program to verify courses taken and credits awarded by other institutions. Applications without official transcripts are considered incomplete.

SKILLS: Please list technical skills, clerical skills, trade skills, etc., relevant to the HIT/HCAA field. Include relevant computer systems and software packages of which you have a working knowledge, and note your level of proficiency (basic, intermediate, expert)

<input type="checkbox"/> MS Windows	<input type="checkbox"/> E-mail	<input type="checkbox"/> Meditech
<input type="checkbox"/> MS Word	<input type="checkbox"/> Email attachments	<input type="checkbox"/> SoftMed
<input type="checkbox"/> MS Excel	<input type="checkbox"/> Internet searching	<input type="checkbox"/> EHR
<input type="checkbox"/> MS PowerPoint	<input type="checkbox"/> Adobe	<input type="checkbox"/> Other:
<input type="checkbox"/> MS Access	<input type="checkbox"/> Encoder	<input type="checkbox"/> Other:

PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION.

I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for possible non-acceptance to the HCAA Program at Southern University at Shreveport.

I agree to submit the required Verification of Physical exam form, criminal background investigation, and/or screening for illegal substances upon enrollment and/or clinical phase of the HCAA Program.

Applicant Signature: _____ Date: _____

STUDENT STATEMENT OF CONFIDENTIALITY

I, _____, will not reveal any information concerning patients or clients to anyone not authorized to discuss the individual's physical and psychological condition on clinical experiences nor from the practice records in the HIT/HCAA laboratory. I agree not to discuss or seek information about fellow students or personal acquaintances, e.g., grades, medical history, to which I have no authorization nor legitimate interest.

HIPAA Statement

I understand and acknowledge that I assume full responsibility for any breach of confidence in regards to patients and/or patient records. I shall respect the confidential nature of all information that I have access to, including but not limited to patient's personal health information provided to them orally, contained in the patient's health records or maintained on the Hospital's electronic health system. I shall be advised of the importance of complying with all relevant state and federal confidentiality laws, including the Health Information Portability and Accountability Act of 1996 (HIPAA), to the extent applicable. Faculty agrees to provide students and faculty with training in the requirements of the privacy and security provisions of HIPAA and to advise them of the importance of complying with the Hospital's policies and procedures relative to HIPAA.

I acknowledge that I may use patient's personal health information for educational purposes at the Hospital.

If confidentiality is breached for any reason, I understand that I am subject to grounds for dismissal from the HCAA Program at Southern University at Shreveport.

Applicant's Signature

Date

Applicant's Printed Name



SOUTHERN UNIVERSITY AT SHREVEPORT

HEALTHCARE ACCESS ASSOCIATE PROGRAM

“PROFESSIONAL PRACTICE EXPERIENCE SITE AGREEMENT”

It is the policy of the HCAA Program at Southern University at Shreveport that all students scheduled for a professional practice experience will be assigned to the following days and times:

- HCAA 210 – Internship – Days and Times will vary depending on the respective Clinical Site and are subject to change.

NOTE: If the clinical site is agreeable, an evening clinical may be scheduled.

I, _____, understand that if accepted to the HCAA Program at Southern University at Shreveport, that I agree to adhere to all professional experience practice assignments. I understand that I will work at various healthcare settings that may not be exclusively in the Shreveport-Bossier City area, and that I will make all necessary arrangements to report to my assigned practice site at the time specified by the Professional Practice Experience Coordinator.

I also understand that if I fail to comply with my assigned practice site, I may earn a failing grade in the professional practice experience course. I further understand that if I choose to withdraw from the professional practice experience course or any other professional course for any reason, that I must reapply to the program and that my application will be considered with all other submitted applications. I acknowledge that in the event of any extenuating circumstances that hinder my success in the program, I agree to submit a letter of resignation to the Program Director within one week of the resignation date.

I both acknowledge and agree to comply with the aforementioned professional practice experience policy and reapplication policy in the event that I fail or choose to withdraw from a professional practice experience course.

Applicant’s Signature

Date

Applicant’s Printed Name



**SOUTHERN UNIVERSITY AT SHREVEPORT
HEALTHCARE ACCESS PROGRAM**

**“CRIMINAL BACKGROUND AND DRUG SCREEN
ACKNOWLEDGEMENT STATEMENT”**

Upon application to the HCAA Program, a criminal background check through a nation-wide investigative research company and a drug screen will be conducted on all clinical students at the cost of \$65 (subject to change). A criminal background check, a drug screen, and current immunizations are mandated by the Professional Practice Experience Sites / Clinical Sites (i.e. hospitals, clinics, etc.) prior to clinical placement. A student’s acceptance into the HCAA Clinical Program and clinical placement at a directed practice site is strictly contingent on negative results for both the criminal background check and drug screen.

A second criminal background check and drug screen will be required in the first Spring semester of the professional curriculum no later than the midterm point in the semester. The fee associated with the criminal background check and drug screen is \$65 (subject to change) and is payable to Employment Screening Services. **Please confirm vendor with Ms. Wells, the PPE Coordinator, prior to submitting payment.** In addition, the immunization tracking fees will be required to be paid in the first Spring semester of the professional curriculum but no later than midterm in the first Spring semester of the professional curriculum.

At any time throughout the Clinical Program, a student who incurs an arrest or conviction for a felony or misdemeanor, other than a traffic citation and/or a positive drug screen will be immediately dismissed from the Clinical Program.

I acknowledge the information presented regarding the results of my criminal background check and/or drug screen as these relate to acceptance as well as continued progression in the HCAA Program.

Applicant’s Signature

Date

Applicant’s Printed Name