Health Information Technology (HIT) makes it possible for health care providers to better manage patient care through secure use and sharing of health information. HIT includes the use of electronic health records (EHRs) instead of paper medical records to maintain people’s health information.
Dear Applicant:

Thank you for your interest in Jefferson Community College’s non-credit Health Information Technology (HIT) certification training program to be offered at JCC through a grant and in partnership with Fort Drum Regional Health Planning Organization (FDRHPO). We commend you for taking this important first step toward a new future in the high demand HIT field.

This training program is intended for those who want to further their career in a hospital or clinical setting. The course includes three elements:

- **Classroom and Online Training:** Roughly 100 hours of classroom training as well as 100 hours of online training. The course will begin on Friday March 4, 2016 and run each Friday until July 8, 2016. Class time is 8:30 a.m. – 12:30 p.m.
- **EHR Training:** Students will receive approximately 30 hours of hands-on EHR training from a certified E-Vendor Trainer.
- **Apprenticeships:** Students will receive a three week apprenticeship that can be made to fit their schedule.

The enclosed application explains how you can enter into the HIT certification training program. Before being accepted in the program you will need to:

1) Complete an application form
2) Provide a copy of high school transcript, GED, OR College level transcript
3) Provide a reference

Applicants must apply to this program and a limited number of students will be selected.

All documents must be received by the application deadline of Friday, February 19, 2016 at 5:00 p.m. Payment for the program will be due Friday, February 26, 2016. Please keep this tight deadline in mind – financial aid does not cover the costs of this programming. Payment is due in full. You will be alerted upon acceptance if you have been awarded a scholarship.

Please send all documents to: Todd Parody  
Continuing Education Division
Jefferson Community College
1220 Coffeen Street
Watertown, NY 13601
315-786-2385

Thank you for your interest in Jefferson Community College’s non-credit HIT certification training program.

Terrence Harris
Dean for Continuing Education
(315) 786-2238
With the help of HIT, health care providers will have:

- Accurate and complete information about a patient's health. That way they can give the best possible care, whether during a routine visit or a medical emergency.*
- The ability to better coordinate the care they give. This is especially important if a patient has a serious medical condition.*
- A way to securely share information with patients and their family caregivers over the Internet, for patients who opt for this convenience. This means patients and their families can more fully take part in decisions about their health care.*
- Information to help doctors diagnose health problems sooner, reduce medical errors, and provide safer care at lower costs.*

* From the Office of the National Coordinator’s Web site

This program provides you with 100 hours of face to face classroom training with an instructor as well as 100 hours of online training. Additionally, you will be provided with approximately 30 hours of hands-on training on a working EHR system. At the end of your training, you will take certification exams in two of the six HIT roles, in order to become nationally certified. There is no additional cost for either of these tests.
Course Code: CED 220 701
Date: Fridays, March 4, 2016 – July 8, 2016
Time: 8:00 a.m. – 12:30 p.m.
Rooms: Extended Learning Center Jefferson Community College Room E-130
Cost $500
*Veteran’s Discount Available

1) All information given on the application form must be typed or neatly printed.

2) The completed application, and any subsequent correspondence, must be mailed to the Continuing Education Division at Jefferson Community College; 1220 Coffeen Street, Watertown, NY 13601 Attention: Todd Parody

3) Arrange for an official copy of your college transcript, or high school transcript or GED to be mailed to the Continuing Education Division by contacting your high school and/or college.

4) Applicants are required to ask one individual to provide a letter of recommendation in support of their application. The reference may not be a family member. The reference should be a responsible adult who can attest to your ability to successfully complete this training program (e.g., employers, instructors, advisors, clergy or medical personnel). References are to be mailed by the individual to the Continuing Education Division at Jefferson Community College; 1220 Coffeen Street, Watertown, NY 13601 Attention: Todd Parody

5) In order for the application to be considered and for you to be considered for a scholarship, your completed application, transcript and letter of reference must be received by Friday, February 19, 2016 at 5:00 p.m.

*There are only 20-seats available in this program. Acceptance letters will be mailed to the 20 people selected for the program. Other qualified applicants who cannot be accommodated immediately will be given “alternate” status and will be notified via letter if a student position becomes available.*
Spring 2016
Health Information Technology (HIT) Certification Training Program
APPLICATION

Please type or print clearly and mail to: Continuing Education Division, Jefferson Community College, 1220 Coffeen Street, Watertown, NY 13601. Attention: Todd Parody

Name: ____________________________________________
   Last   First   Middle

Other/Previous Name (which may appear on records): ________________________________________

Address: ____________________________________________
   Number & Street   Apt. Number
   ____________________________________________________________________
   City   State   Zip code

Phone: cell or day number: (__)___________________ Work: (__)___________________________

Social Security Number: ________________________________

Date of Birth: ___________________________ Email: ________________________________

How did you hear about the HIT Program?
________________________________________________________________________________

Extra Curricular Activities (please list all school, community or religious activities in which you have participated. Include all offices which you have held and honors you have received.)
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
Give the name and address of the person to whom you have submitted the recommendation form. The reference must not be a family member. The reference should be a responsible adult who can attest to your ability to successfully complete this training.

Name___________________________________________ Title/Position___________________

Address_______________________________________________________________________

Phone (___) ________________________________ Email____________________

Relationship to Applicant _______________________________________________________

(If you have submitted to more than one person for a letter of recommendation, use the below)

Name___________________________________________ Title/Position___________________

Address_______________________________________________________________________

Phone (___) ________________________________ Email____________________

Relationship to Applicant _______________________________________________________

**Educational Background**

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<thead>
<tr>
<th>School</th>
<th>City</th>
<th>Dates Attended</th>
<th>Degree</th>
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<tbody>
<tr>
<td>High School</td>
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<td>College</td>
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<td>Special Certification(s)</td>
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**Employment**

Present Employer________________________ Phone (___) __________

Address ________________________________ Dates of Employment________

Nature of Work ________________________________

(Additional)

Name of Employer________________________ Phone (___) __________

Address ________________________________ Dates of Employment________

Nature of Work ________________________________
Statement of Interest

Please explain why you wish to work in the health care industry in the Health Information Technology field:

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Applicant’s Name _____________________________  Date_________________
Certificate of Information

I certify, to the best of my knowledge, that the information supplied on this application is complete and accurate.

Applicants signature_________________________________ Date____________

Jefferson Community College admits students without regard for race, color, creed, sex, age, religion, national/ethnic origin, sexual orientation, disability, pregnancy or military status.
2016 Application Checklist

☑ Completed Application Form.

☑ Copy of GED, OR official high school OR college transcripts mailed to Continuing Education Division.

☑ One letter of recommendation mailed to Continuing Education.