



BJC Healthcare Informatics Program Admission Application

Master of Science in Healthcare Informatics

Campus Box 1084, Edwardsville, IL 62026-1084

Phone: (618) 650-3215 FAX: (618) 650-2629

GENERAL INFORMATION

We are pleased that you have expressed interest in Southern Illinois University Edwardsville and the Healthcare Informatics program. Additional information may be found at siue.edu/academics/degrees-and-programs/graduate/healthcare-informatics.

Admission to the program will be on a first-come, first-served basis. Please send the application and fee to: Office of Educational Outreach, Campus Box 1084, SIUE, Edwardsville, IL 62026-1084, Attention: Mary Ettling.

APPLICATION FEE

There is a \$40 application fee for all new graduate applicants and for returning applicants who have not attended SIUE for nine consecutive terms. Applications received without the fee will not be processed. This fee is non-refundable for those admitted to the program. Applicants who decide to change their term of entry after admission may update their file for the next two terms without another application fee. Unclassified graduate students currently enrolled at SIUE are not assessed an additional fee to apply to a program. Payment should be made in U.S. dollars by check or money order payable to SIUE. Payment may also be made online by credit card at siue.edu/bursar.

PROVIDING ACADEMIC CREDENTIALS

Applicants must have an official transcript mailed directly to the Office of Educational Outreach by the institution granting the baccalaureate degree. SIUE accepts electronic transcripts submitted through various electronic transcript services. In addition, electronic transcripts can also be sent to etranscripts@siue.edu directly from the institution. If a transcript is received through this account from a student, it will not be considered official. This is not necessary for applicants who graduated from Southern Illinois University Edwardsville. Hand-carried or faxed documents are not acceptable. Please direct all transcripts to: Office of Educational Outreach, Campus Box 1084, SIUE, Edwardsville, IL 62026-1084, Attention: Mary Ettling or etranscripts@siue.edu.

APPLICATION STATUS

To check the status of your application and to ensure that all documents necessary to complete your admission file have been received, please contact Mary Ettling at (618) 650-3215 or mawalke@siue.edu.

FINANCIAL SUPPORT INFORMATION

This program is offered to employees of BJC through a corporate partnership. Questions regarding financial assistance should be directed to SIUE Student Financial Aid at (618) 650-3890.

siue.edu/corporate/bjc

DISCLOSURE siue.edu/disclosure

Southern Illinois University Edwardsville (SIUE) prohibits discrimination on the basis of age, color, disability status, gender, marital status, national origin, race, religion, sex (including sexual harassment and sexual assault), sexual orientation or veteran status regarding but not limited to the administration of educational programs, admission of students, employment actions, athletics or other sponsored activities.

The University complies in letter and spirit with appropriate federal and state legislation, including, but not limited to, Titles VI and VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, the Americans with Disabilities Act of 1990 (ADA) and the Illinois Human Rights Act as amended. Anyone seeking information concerning the University's obligations as an equal opportunity and affirmative action institution should be directed to the Assistant Chancellor for Institutional Compliance (618) 650-2333, Rendleman Hall, Room 3310, Campus Box 1025, Edwardsville, IL 62026-1025.

SIUE is committed to student privacy and confidentiality of information. Although submitting your Social Security number is voluntary, it is recommended because the Social Security number expedites matching of credentials for admission review and processing. It is also required of those students applying for financial aid. SIUE also needs your Social Security number in order to furnish Form 1098T, Tuition Payments Statement, used to claim an income tax credit for the Hope and Lifetime Learning Education Credits. Your social security number will not be shared with any third party without your knowledge.

In accordance with Illinois State law, the SIUE Police Department shall disclose the name, address, date of birth, place of employment, school attended, and offense or adjudication of all sex offenders required to register under Section 3 of the Sex Offender Registration Act [730 ILCS 150/3] upon request. Please contact the SIUE Police Department for all questions and/or inquiries.

The SIUE ANNUAL SECURITY REPORT is available online at siue.edu/securityreport. The report contains campus safety and security information and crime statistics for the past three calendar years. This report is published in compliance with federal law, titled the "Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act." You also may access this report online at siue.edu. For those without computer access, a paper copy of the report may be obtained from: Office of the Vice Chancellor for Administration, Rendleman Hall, Room 2228, (618) 650-2536.

CERTIFICATIONS

17. I authorize SIUE and BJC to release and share information regarding my academic information covered by the Family Educational Rights and Privacy Act, (FERPA) as specified by the corporate partnership agreement executed between SIUE and SSM in 2016. Information will be shared for the purpose on maintaining good standing and facilitating accurate tuition reimbursement for students. Information shared will include, but is not limited to: transcripts, grades, enrollment status, degree audit, contact information, criminal background check and drug screen results, CPR certification, license renewal information and health insurance verification. I understand that this authorization is hereby granted voluntarily and is valid two years after my last enrolled semester at SIUE. I may revoke this authorization at any time in writing. I have a right to inspect any written records released pursuant to this Consent. I understand I may revoke this Consent upon providing written notice to The Office of Educational Outreach, SIUE, Box 1084 Edwardsville IL 62026. I further understand that until this revocation is made, this consent shall remain in effect and my educational records will continue to be provided to Beth Camp, Sr. Learning and Development Consultant, BJC for the specific purpose described above.

18. This certification must be signed and dated by the applicant before action can be taken on this application. Southern Illinois University Edwardsville is committed to maintaining a safe environment for all members of the University community. The University requires applicants who are under current indictment or have been convicted of a crime (other than a routine traffic offense or in a juvenile proceeding) to disclose this information as a mandatory step in the application process. A previous conviction or current indictment does not automatically bar admission to the University, but does require review. Complete information must be sent by Certified Mail at the time of application for admission to: Southern Illinois University Edwardsville, Office of Admission Review Committee; Campus Box 1600, Edwardsville, IL 62026 -1600. Applicants are responsible for verifying receipt by the University and for maintaining a copy of the receipt certifying submission. Information to be submitted includes: a brief explanation, a location (city, state, country) of conviction or current indictment, dates and court disposition. This statement must also include a grant of permission to the University for complete access to criminal records, if any. For further information on this requirement, call 618-650-3705.

I understand that withholding information requested on this application or giving false information may make me ineligible for admission to the University or subject to dismissal. I certify that the statements I have made on this application are correct and complete.

Signature

Date