



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) 650-2081

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/healthcareinformatics.

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 \$30 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. This is not necessary for applicants who graduated from Southern Illinois University Edwardsville or Carbondale. 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

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 exclusively to employees of BJC through a corporate partnership. Questions regarding financial assistance should be directed to SIUE Student Financial Aid at (618) 650-3880.

siue.edu/healthcareinformatics

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.

Southern Illinois University Edwardsville
RN to BS Employer Partnership Program Application

Send application and fee to: Office of Educational Outreach, Campus Box 1084, SIUE, Edwardsville, IL 62026-1084 Phone: (618) 650-3215

1. Social Security Number _____ / ____ / ____ 2. Date of Birth _____ month / day / year
(See explanation)

3. Gender ____F ____M

4. Name _____
Last Name First Name Middle

5. Other name(s) under which credentials may be received _____

6. Permanent Address _____
Street Address City

_____ County State ZIP Code Telephone

7. Mailing Address (if different from Permanent) _____
Street Address City

_____ County State ZIP Code Telephone

8. Work Telephone _____ 9. Email Address _____

10. Are you a U.S. Citizen? ____Yes ____No
 If no, are you a permanent resident immigrant in the U.S.? ____Yes ____ No Alien Registration Number _____
 [Permanent Residents must provide a copy (both sides) of their Alien Registration Receipt Card #I-551 for review]

11. Please answer the following questions to assist SIUE's efforts to comply with civil rights legislation and mandatory reporting to federal and state agencies. *Your responses to the following questions will NOT affect your admission decision.*

Do you consider yourself Hispanic or Latino? (*Hispanic or Latino means a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.*)

- Yes, I am Hispanic or Latino.
- No, I am not Hispanic or Latino.

In addition, please select one or more of the following racial categories that describe you:

- American Indian or Alaska Native** – A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment
- Asian** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- Black or African American** – A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American."
- Native Hawaiian or Other Pacific Islander** – A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.
- White** – A person having origins in any of the original peoples of Europe, the Middle East or North Africa.
(All definitions from: http://nces.ed.gov/statprog/2002/std1_5.asp)

12. Have you ever served or are you currently serving in the United States armed forces? ____ Yes ____ No

13. International Students Only:
 Type of Visa you currently hold: ____F1 ____J1 ____B1/B2 ____Other _____
Specify Type

14. Are you an Illinois Resident? ____Yes ____No
 If yes, state length of time as a continuous Illinois resident: _____Years ____Months

15. Have you ever been convicted of or are you under current indictment for a felony? ____Yes ____No

16. Term and year for which you are applying: ____ Fall ____ Spring ____ Summer Year _____

17. Nursing and other schools attended:

Name of School (No Abbreviations)	City, State and Country (if not U.S.)	Name of Degree Earned or Expected	Date Degree Conferred or Expected

CERTIFICATIONS

18. I authorize SIUE to release and provide my academic records to my employer under the corporate partnership agreement. Academic records include, but are not limited to: transcripts, grades, enrollment status, degree audit, email address and mailing address. I acknowledge that I understand the purpose of the request and that authorization is hereby granted voluntarily. I understand that this release is valid during my anticipated enrollment with SIUE. I further understand that I may revoke this authorization at any time in writing.

19. 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