

IMPORTANT NOTE:

**Complete this form
only if you turned in
a HIM application for
the 2011 year.**

Chattanooga State Community College
**Health Information Management
2012 Application Update**

Date _____

SS # _____

Name _____
Last First Middle Maiden

Address _____

City _____ State _____ Zip _____

Phone # (home) _____ (work) _____ (cell) _____

Email address: _____

Test of Essential Academic Skills (TEAS)

Have you taken the TEAS? Yes _____ No _____

Do you plan to retake it? Yes _____ No _____

If you have not taken it, when do you plan to take it? _____

General Education Courses: (complete by the end of fall 2011)

(Check ✓ if completed at Chattanooga State - * if completed at another school)

____ Anatomy & Physiology I ____ Public Speaking ____ Computer Literacy
____ Anatomy & Physiology II ____ English Comp. I ____ Medical Terminology
____ Humanity Elective ____ Social/behavioral science

Have you had any previous work experience in the medical records profession? Yes ___ No ___

If yes, please describe: _____

I hereby certify that the above information is true and accurate to the best of my knowledge.

Student Signature _____ Date _____

Please return this form by
December 15, 2011 for priority
consideration to:

Chattanooga State Allied Health
Applications Coordinator, HSC 2088
4501 Amnicola Highway
Chattanooga, TN 37406