



MSU-GREAT FALLS COLLEGE OF TECHNOLOGY HEALTH INFORMATICS TECH PROFESSIONAL CERTIFICATE

Limited financial assistance is available for tuition assistance only (does not include assistance for fees and/or books) for the Health Informatics Tech Professional Certificate Program. Funds are available on a first come/first serve basis, and will be contingent upon meeting all the requirements for application to MSU-Great Falls and to the Health Informatics Tech Professional Certificate Program.

Payment of tuition assistance will consist of a **partial tuition reimbursement** per credit hour in any given semester for **at least one full course** completed. The partial tuition reimbursement amount may cover more than one course depending upon the number of students enrolled and completing course work, and the availability of funds. Students must complete the coursework with a passing grade of no lower than C. Once grades are posted at the end of each term, all applicants for financial assistance will be reviewed to select both recipients and the amount of reimbursement for each.

In the event that the payment of the above tuition assistance results in an over award of a student's federal financial aid, the financial aid office will be required to adjust the student's financial aid award and may be required to return a portion of the federal aid. The result of this could be that a student might have their aid reduced by the amount they receive through this assistance.

Completion of the attached "Student Financial Assistance" form is required for each semester of enrollment. **First time applicants to the Health Informatics Tech Certificate program should send the completed form with their application packet to:**

MSU-Great Falls Admissions Department
Health Care Informatics Tech Professional Certification
2100 16th Avenue South
Great Falls, MT 59405

Each subsequent financial assistance form must be completed and sent to:

MSU-Great Falls Financial Aid Office
Health Care Informatics Tech Professional Certification
2100 16th Ave. South
Great Falls, MT 59405



STUDENT FINANCIAL ASSISTANCE
(To be completed each semester)

NAME _____

ADDRESS _____

CITY _____ ST _____ Zip Code _____

TELEPHONE (Home) _____ (Other) _____

E-Mail ADDRESS _____

STUDENT IDENTIFICATION NUMBER: _____

SEMESTER OF APPLICATION: Spring _____ Summer _____ Fall _____

STUDENT GPA _____ AND/OR # OF YEARS IN HEALTH FIELD _____

COURSES BEING TAKEN FOR THE ABOVE SEMESTER (check all that apply):

Track 1: For Information Technology Professionals

AHMS 144 Basic Medical Terminology – (3 credits) _____

AHMS 105 Health Care Delivery – (2 credits) _____

AHMS 220 Medical Office Procedures – (3 credits) _____

HCI 1016 Introduction to Health Care Informatics – (3 credits) _____

HCI 2156 Health Care Facility Procedures – (3 credits) _____

AH 265 Elect Health Record in Med Practice – (3 credits) _____

Track 2: For Allied Health Care & Health Care Professionals

HCI 1016 Introduction to Health Care Informatics – (3 credits) _____

AHMS 108 Healthcare Data Content and Structure – (3 credits) _____

AHMS 280 Overview Health Informatics Systems – (4 credits) _____

AH 265 Elect Health Record in Med Practice – (3 credits) _____

AH 260 Workflow Analysis & Redesign – (3 credits) _____

Date Completed: _____

<p>Office Use Only</p> <p>Date Received: _____</p> <p>Received by: _____</p>
