



**APPLICATION PROCESS FOR**  
**HEALTH CARE INFORMATICS TECH. PROFESSIONAL CERTIFICATE**  
**MONTANA STATE UNIVERSITY – GREAT FALLS**  
**COLLEGE OF TECHNOLOGY**

Dear Prospective Health Care Informatics Technologist:

The primary purpose of the Health Care Informatics Tech. Professional Certificate Program is to (1) allow current Information Technology professionals to transition to work in the healthcare sector by familiarizing them with work processes, practices, and culture of the healthcare delivery system; and (2) to permit current health professionals and allied health professionals to transition into the discipline of healthcare informatics and the meaningful use of health information technology by familiarizing them with the use of information and computer systems to effectively support the delivery of medical care. This program is delivered totally online and is jointly offered by Montana Tech of the University of Montana, Montana State University Great Falls College of Technology, the University of Montana – Helena College of Technology, and Flathead Valley Community College.

This Professional Certificate is a challenging program, and to help ensure that applicants to the program are prepared for what will be taught, the following must be complete and provided to the Admissions Department at MSU-Great Falls, for consideration by Program faculty.

- All applicants must be admitted to the College and be in good academic standing prior to applying to the HIT Professional Certificate program. Acceptance to MSU-Great Falls requires a completed admissions application file which may be obtained by visiting the campus, calling Student Central 406-771-4414 or 800-446-2698, or downloading the Application for Admission form from the institution's website: [www.msugf.edu](http://www.msugf.edu) (select Admissions & Records, then Applying to MSU-GF). All applicants must have already applied to and been accepted as students at MSU-Great Falls College of Technology.

**THEN**

- A completed Application Packet Cover and Check-Off Sheet must be included by **all** students entering the program (Check-Off Sheet included in this packet)
- A completed Student Consent Form for the purpose of reporting required information to the Grant Administrators must be included by **all** students entering the program (Student Consent Form included in this packet).

**AND**

- Fit **one** of the scenarios under **either the IT Track 1 or the Healthcare Track 2 below:**

**IT Track 1**

- Recent (completed within the past 3 years) one of the following degree programs: Associate degree in Computer Science, Network Technology, Information Technology, Business Information Technology or related field. *Provide Official College transcript\**,
- Older (completed within the past 4 or more years) one of the following degree programs: Associate degree in Computer Science, Network Technology, Information Technology, Business Information Technology with recent (past 3 years) related field and relevant

work experience. *Provide Official College transcript\* and proof of relevant work experience in the form of resume and a reference questionnaire from at least two work-related individuals, one being a direct supervisor;*

- Currently enrolled, with at least one semester of study completed with good academic standing, in a two- or four-year Computer Science, Network Technology, Information Technology, Business Information Technology or related field with consent of Program Director. *Provide most recent transcripts;*
- Related field work experience with consent of program director. *Provide proof of relevant work experience in the form of resume and a reference questionnaire from at least two work-related individuals, one being a direct supervisor;*

*\*Unofficial transcripts may serve as the basis for provisional admission to the program, but official transcripts must be provided prior to the end of the first semester of study*

## **Healthcare Track 2**

- Recent ( completed within the past 3 years) one of the following degree programs: Associate degree in Medical Office Management, Health Information Management, Medical Assistant, Medical Technician, allied health or related field. *Provide Official College transcript\**,
- Older (completed within the past 4 or more years) one of the following degree programs: Associate degree in Medical Office Management, Health Information Management, Medical Assistant, Medical Technician, allied health with recent (past 3 years) related field and relevant work experience. *Provide Official College transcript\* and proof of relevant work experience in the form of resume and a reference questionnaire from at least two work-related individuals, one being a direct supervisor;*
- Currently enrolled, with at least one semester of study completed with good academic standing, in a two- or four-year degree in Medical Office Management, Health Information Management, Medical Assistant, Medical Technician, allied health or related field with consent of Program Director. *Provide most recent transcripts;*
- Related field work experience with consent of program director. *Provide proof of relevant work experience in the form of resume and a reference questionnaire from at least two work-related individuals, one being a direct supervisor;*

*\*Unofficial transcripts may serve as the basis for provisional admission to the program, but official transcripts must be provided prior to the end of the first semester of study*

### **Provide all applicable application materials in one envelope to:**

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

\*Please send all application items as a complete package. Items sent separately and at random are easily lost or misfiled. We are not responsible for any late, lost, or misfiled information.

\*\*All application materials will be subject to the approval of the Healthcare Informatics Tech Professional Program Director.

Please direct questions about the program to the Program Director, Kathryn Peterson at [kathryn.peterson@msugf.edu](mailto:kathryn.peterson@msugf.edu)

For questions about admission to the College, please call 406-771-4414 or 800-446-2698, or email [admissions@msugf.edu](mailto:admissions@msugf.edu)

**Equal Opportunity Policy**

Montana State University–Great Falls College of Technology is committed to the provision of equal opportunity for education, employment, and participation in all College programs and activities without regard to race, color, gender, marital status, disability, age, disadvantage, religion, political affiliation and/or national origin.

The College’s Equal Opportunity Officers are the Executive Director of Human Resources and the Assistant Dean of Student Services, 2100 16th Avenue South, Great Falls, MT 59405.

Telephone: 406-771-4300.

**Health Insurance Policy**

All students enrolled for 4 or more credits are required to have health insurance. For students without adequate coverage, MSU-Great Falls College of Technology offers a program developed especially for Montana University System students by Blue Cross and Blue Shield of Montana (BCBS-MT). This plan provides coverage for injuries and illnesses, on or off campus. Coverage includes hospitalization, maternity, prescription drugs, surgical services, emergency room charges, and immunizations among others. See

<http://www.msugf.edu/students/HealthInsurance/index.html> for more information about the plan. See Student Central for more information about enrolling in the plan through registration.



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

## APPLICATION PACKET COVER & CHECK-OFF SHEET

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ST \_\_\_\_\_ Zip Code \_\_\_\_\_

TELEPHONE (Home) \_\_\_\_\_ (Other) \_\_\_\_\_

E-Mail ADDRESS \_\_\_\_\_

STUDENT IDENTIFICATION NUMBER: \_\_\_\_\_

Indicate which of the Tracks you are applying for:

IT Track 1 \_\_\_\_\_

Healthcare Track 2 \_\_\_\_\_

### Check-off List for **New Applicants** to MSU-Great Falls COT

√	Items Needed
	<b>Application Packet Cover and Check-off Sheet</b> (personal information must be complete)
	<b>Complete application and documentation for admission to MSU-GF College of Technology</b> (including a photocopy of your acceptance letter to MSU-Great Falls).
	<b>Copies of Transcripts for all post-secondary education completed outside of MSU-Great Falls.</b> (Official Transcripts should be sent directly to the Registrar and not included in the packet. Official Transcripts will be required prior to the end of the first semester of study).
	<b>Most recent College transcript if currently enrolled outside of MSU-Great Falls but not finished with related degree</b> (student must have at least one semester of study complete in related degree program).
	<b>Documentation of applicable work history (if other degree is not recent or is not in a health or IT field) Documentation must include:</b> Current resume and a reference questionnaire from at least two work-related individuals, one being a direct supervisor.
	<b>Completed Student Consent/Student Data Form signed and dated for reporting purposes required by Grant Administrators</b>

### Check-off List for **Applicants Currently Enrolled** at MSU-Great Falls COT in Related Degree

√	Items Needed
	<b>Application Packet Cover and Check-off Sheet</b> (personal information must be complete)
	<b>Student has completed at least one semester of study in related degree program.</b>
	<b>Completed Student Consent/Student Data Form signed and dated for reporting purposes required by Grant Administrators</b>



# MSU – GREAT FALLS COLLEGE OF TECHNOLOGY

## STUDENT CONSENT FORM

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Dear Students,

The Healthcare Informatics Tech Professional Certificate program in which you are enrolled is made possible in part through a grant from the United States Department of Health and Human Services and the Office of the National Coordinator for Health Information Technology (ARRA Grant #90CC07701). This grant is a HITECH Grant titled Community College Consortia to Educate Health Information Technology Professionals in Health Care Program, a partnership between MSU-Great Falls College of Technology, UM Montana Tech, UM Helena College of Technology and Flathead Valley Community College. As part of the College Consortia federal grant, we are required to obtain information from project participants and to track how well the students who participate in the program succeed in the workforce and other related outcomes. The information gathered will be used to help determine if the training is successful and in what areas we might need to improve.

**The attached Student Data Forms will be physically destroyed after entering the data into a secured data base. The Student Consent Form will be kept on record for three years beyond the end of the grant period to (the latest date would be 3/31/2015). Public reporting will not contain information that could be used to identify individual participants. Records of participants are kept secured and are accessible only by the Healthcare Informatics Tech Certificate Program Director at MSU-Great Falls College of Technology.**

**Consent:** I have read and understand the above information. I consent for the information that I provide in the attached Student Data Form to be used to access my demographic and employment information that will help measure the success of the *Healthcare Informatics Tech Professional Certificate* program. I understand and consent to releasing this information to MSU-Great Falls College of Technology to be used for the reporting purposes required by the above described ARRA Grant (#90CC07701).

\_\_\_\_\_  
(Name, please print)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

If you have any questions regarding this consent please contact Kathryn Peterson, Program Director, at: [kathryn.peterson@msugf.edu](mailto:kathryn.peterson@msugf.edu).

2100 16th Avenue South • Great Falls, MT 59405  
[406] 771-4300 • [800] 446-2698 • Fax: [406] 771-4317 • [www.msugf.edu](http://www.msugf.edu)

# STUDENT DATA FORM

<b><u>IDENTIFYING INFORMATION:</u></b>	<b><u>CURRENT EMPLOYMENT INFORMATION:</u></b>
Name _____	1) OCCUPATION _____
Address _____ _____	2) EMPLOYER _____
E-Mail Address (not school related) _____	<b><u>NOT CURRENTLY EMPLOYED:</u></b>
Phone Number: _____	1) DO YOU EXPECT TO GAIN EMPLOYMENT DUE TO THIS TRAINING? Yes _____ No _____
<b><u>DATE OF BIRTH/MINORITY STATUS:</u></b>	<b><u>PROGRAM/TRACK NUMBER:</u></b> Track 1 _____ Track 2 _____
3) DATE OF BIRTH (Month & Year only) _____	BEGIN DATE (month & year) / END DATE (month & year) _____ / _____
4) MINORITY STATUS Caucasian _____ Not Caucasian _____	<i>This confidential data is being requested to comply with federal reporting requirements of the Office of the National Coordinator for Health Information Technology.</i>

The above information will be released for the sole purpose of fulfilling the requirements for reporting required by Grant # 90CC07701. The information will be released to the following grant administrators:

MT Tech of the University of Montana  
1300 West Park Street  
Butte MT 59701-8997

Bellevue College  
3000 Landerholm Circle SE  
Bellevue WA 98007-6484

**AND**

Office of the National Coordinator for Health Information Technology  
U.S. Department of Health and Human Services  
200 Independence Avenue SW Suite 729-D  
Washington DC 20201

2100 16th Avenue South • Great Falls, MT 59405  
[406] 771-4300 • [800] 446-2698 • Fax: [406] 771-4317 • www.msugf.edu



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

## PROFESSIONAL REFERENCE QUESTIONNAIRE

### **Applicant Instructions:**

**The purpose of the Professional Reference Questionnaire is to enable you, the applicant, to provide independent evidence that your work experience fits the definition of qualifying work and that your skills, knowledge and attitudes are consistent with the core competencies of the Health Informatics Tech Certification Program.**

Applicants for the Professional Certificate Program designation are asked to provide professional references according to the criteria set forth below. If references do not meet the criteria, they will not be accepted as part of this application. **Please choose references carefully according to the following:**

#### **Criteria for Acceptance of Professional References:**

- the entire questionnaire must be completed by the professional reference him/herself (not by the applicant or a third party)
- one reference must be the applicant's current supervisor/manager (person who conducts the applicant's performance evaluation)
- a minimum of two references must work in the Health Information Management field, or Health Information Technology field
- a reference must have known the applicant for a minimum of one year
- a reference must have direct and up-to-date knowledge of the applicant's practice (i.e., should have directly observed the applicant in practice within the past three years)
- applicants' family members, employees and subordinates are not eligible to act as references
- more weight will be given to the information provided by references who
  - (a) are acting or have acted in a supervisory role with the applicant
  - (b) have directly observed the applicant in practice
  - (c) have recent knowledge (within the past one year) of the applicant's practice
  - (d) are knowledgeable about the scope of the Health Information Management Profession or Information Technology Profession
  - (e) have broad knowledge of the applicant's scope of practice and competency
  - (f) work in the Health Information or Information Technology fields

Please direct questions about the program to the Program Director, Kathryn Peterson at [Kathryn.Peterson@msugf.edu](mailto:Kathryn.Peterson@msugf.edu)

For questions about admission to the College, please call 406-771-4414 or 800-446-2698, or email [admissions@msugf.edu](mailto:admissions@msugf.edu)



9. Please review the descriptions of qualifying work experience below and indicate with a “√” in the box(es) at the right the category or categories which best describe your observation of the type(s) of qualifying experiences the applicant provides.

**Qualifying Areas of Work Experience**

**1. Adhere to the Code of Ethics**

- a. follows the Code of Ethics and apply Ethical Decision-Making

**2. Demonstrate professional attributes**

- a. demonstrates professional attributes

**3. Demonstrate a Commitment to Professional Development**

- a. develops relationships with other professionals
- b. demonstrates a commitment to lifelong learning
- c. keeps up-to-date with technology

**4. Use Analytical Skills**

- a. applies a solution-focused framework
- b. collects, analyzes and uses information

**5. Manage Work**

- a. uses planning and time management skills
- b. follows case and project management procedures
- c. document client’s interactions and progress
- d. evaluates the service provided to clients

10. Please indicate with a “√” in the box at the right how you rank the applicant as a candidate for successful completion of the academic challenges of the Health Informatics Tech Certificate Program.

**HIGHLY RECOMMEND                      RECOMMEND                      NOT RECOMMEND                      UNABLE TO JUDGE**

\_\_\_\_\_

Printed Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

**Print Entire questionnaire and initial each page to indicate you completed this reference yourself. To ensure confidentiality and credibility, please seal this questionnaire in an envelope, sign over the seal and return it to the applicant to include with his/her application.**

**Thank you for completing this Professional Reference Questionnaire.**

Note: we only accept professional references if included with the application. We do not accept professional references submitted directly to us. References received in advance of an application will be returned to sender. If you require additional information or have questions please contact the MSU-Great Falls COT at [admissions@msugf.edu](mailto:admissions@msugf.edu).

Please direct questions about the reference questionnaire to the Program Director, Kathryn Peterson at [Kathryn.Peterson@msugf.edu](mailto:Kathryn.Peterson@msugf.edu)