

# Shasta College Health Information Program

## Important Applicant Information

**RETAIN THIS PAGE FOR YOUR RECORDS**

### **Before Applying to the HIM Program**

To provide the best opportunity for success in the HIM program, it is highly recommended that students meet with a counselor prior to application. Counseling appointments can be made by calling the Health Sciences Division office at (530) 339-3600 or by going online to [www.shastacollege.edu/counseling](http://www.shastacollege.edu/counseling). Phone, ZOOM and in-person appointments are available.

① In order to schedule an appointment, you must have a Student ID number. You can obtain one by applying to Shasta College at <https://www.shastacollege.edu/admissions-registration/apply-to-shasta-college/>.

### **Official Records & Transcripts**

- Unofficial copies of your transcripts may be submitted with the HIM application, but an OFFICIAL TRANSCRIPT will be required prior to the start of the program.
- OFFICIAL RECORDS/TRANSCRIPTS are those that have been received from another educational institution.
  - If sending physical transcripts must be in a sealed envelope and remain unopened. **DO NOT OPEN**. If an envelope has been opened (seal broken) prior to arriving at Shasta College, it cannot be accepted for the purpose of application for the purpose of meeting the BSHIM graduation requirements.
  - Any electronic transcripts must be sent to [admissions@shastacollege.edu](mailto:admissions@shastacollege.edu), and you must include a copy of the receipt from your transcript request transaction with your application packet.
- It is not necessary to submit an official Shasta College transcript; a transcript of your Shasta College courses will be obtained from the Admissions & Records Office for the purpose of meeting the BSHIM graduation requirements.
- Please submit completed application to [HIMapplication@shastacollege.edu](mailto:HIMapplication@shastacollege.edu)



**SHASTA COLLEGE  
HEALTH INFORMATION MANAGEMENT PROGRAM  
FALL 2026 APPLICATION**

**PLEASE PRINT IN INK**

**APPLICATION DEADLINE: 4 P.M. Friday, May 29, 2026**

SHASTA COLLEGE ID	EMAIL ADDRESS (REQUIRED FOR ALL APPLICANTS):	BIRTHDATE:
NAME (Last, First, MI.):		TELEPHONE:
ALL OTHER NAMES UNDER WHICH YOU HAVE BEEN KNOWN:		ALT. PHONE:
CURRENT ADDRESS:		
Street	City	State      Zip

LIST ALL COLLEGES AND UNIVERSITIES ATTENDED, INCLUDING SHASTA COLLEGE (Use additional sheet if needed)				
NAME OF COLLEGE	LOCATION	UNITS COMPLETED (indicate Quarter or Semester)	Dates Attended FROM/TO	DEGREE
		<input type="checkbox"/> Q <input type="checkbox"/> S		
		<input type="checkbox"/> Q <input type="checkbox"/> S		
		<input type="checkbox"/> Q <input type="checkbox"/> S		
		<input type="checkbox"/> Q <input type="checkbox"/> S		
		<input type="checkbox"/> Q <input type="checkbox"/> S		

**ALL OFFICIAL** college transcripts of attempted/completed coursework must be submitted prior to official acceptance. Applicants must have graduated from a regionally accredited college before they are eligible to enter the baccalaureate degree program.

Have you taken and passed the RHIT exam? ( ) YES ( ) NO If yes, when did you receive your RHIT certification? \_\_\_\_\_

Are you currently employed in the field of Health Information Management? ( ) YES ( ) NO

If yes, what is your job title: \_\_\_\_\_

What is your employer's name: \_\_\_\_\_?

Write a Statement of Interest including your background and the reasons you are applying to the Health Information Management baccalaureate degree program:

**By reading the Shasta College Health Information Management Program Application Procedures, I hereby acknowledge that the failure to submit required materials documenting an AS/AA degree from a regionally accredited program will result in disqualification of my application.**

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

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**Immunizations Required Prior to Professional Practice Experience**

In order to provide opportunities to adequately learn necessary skills and apply theory in an actual clinical setting, we partner with healthcare facilities and organizations in order to complete a Professional Practice Experience (PPE) during the final semester of the HIM program. Clinical facilities have requirements for their employees and any persons in their facilities that are interacting with their patients or clients. Included in our partner clinical agreements are clinical requirements for our students. **These clinical requirements are not imposed by Shasta College Health Sciences but by our clinical partners. While failure to meet these requirements does not disqualify a student from any of our healthcare programs, it will limit the opportunity to participate in the clinical experiences that are required; and therefore make it impossible to complete the program.**

One of those clinical requirements is proof of immunity to several communicable diseases. Proof of immunity to these diseases can be provided either by receiving the vaccination series and providing record of such or by obtaining quantitative titers and providing the results. See the [Immunization Requirements](#) page of the Shasta College Health Sciences website for further information. Below is a self-evaluation form intended to start the information gathering process. **Your application will not be disqualified if you do not have any records at this time – this is simply to assess which records, if any, you may need to obtain.**

	I have immunization records in my possession	I have quantitative titers showing immunity	I need to locate my immunization records	I do not have immunization records and will obtain the vaccination series or quantitative titers prior to my PPE
Hepatitis B				
Varicella				
Measles, Mumps, Rubella (MMR)				
Tetanus, Diphtheria, and Pertussis (TDaP)				

**You will be notified by the Director of the HIM program or Health Sciences Division staff when the official records are due.**

***Be sure to start gathering information early;  
if vaccination is required, some vaccination series can take up to 6 months.***

Statement of Understanding:

- A. I understand that this is a self-evaluation of the proofs of immunity I must provide before being eligible to participate in the Professional Practice Experience as part of the Shasta College HIM Baccalaureate program and that my application will not be disqualified if I do not currently have any immunization or titer records.
- B. I understand I need to submit **ALL** documentation showing proof of immunity for review according to the deadlines provided by the Director of the HIM Baccalaureate program or the staff of the Shasta College Health Sciences Division. Failure to submit my records according to the deadlines may prevent my participation in the Professional Practice Experience during my final semester of the HIM program.

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

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