

Health IT Workforce Training

Mission College

Application Form

APPLICATION FOR ADMISSION INTO HEALTH IT WORKFORCE ROLES TRAINING

Rank roles in order of preference

- Practice Workflow & Information Management Redesign Specialist
- Implementation Specialist
- Technical/Software Support Staff

Last Name: _____ **First Name:** _____

Street Address _____ **City/State** _____ **Zip** _____

E-Mail Address _____

Cell Phone _____	Work Phone _____	USA Citizen Yes ___ No ___
-------------------------	-------------------------	--------------------------------------

Veteran (active duty, spouse and widow(er): Yes ___ No ___

Race/Ethnicity:

- American Indian or Alaska Native Asian Indian Black American Chinese
- Filipino Guamanian Hispanic Japanese Korean Native Hawaiian
- Samoan Vietnamese White Other

How did you learn about this Program: _____

Attach Required Documentation:

1. Registration Packet:
 - Cover letter addressing the following:
 - **Describe your skills and experience that qualify you for this program.**
 - **What is your career objective?**
 - Application Form
 - Proof of U.S. citizenship or legal residency with right to work
 - Veteran's & Eligible Spouse Priority of Service Form
2. Current resume, including employment and education
3. Copy of unofficial college transcripts showing course completions and/or degree conferred
4. Copy of any industry certifications

- I understand that it is my responsibility to submit the application form and all required documents by the deadline date.
- I certify that the application and supporting documentation is true and correct. Any false statements may result in termination.
- I understand that the content of the Health IT Workforce Roles Training Program will be delivered in an intensive online and hybrid format and that the course is not for credit. I am committed to completing the equivalent of 18 to 32 semester units of course work in less than six months.
- I will attend a mandatory orientation session prior to beginning the training program.
- With this application, it is my intent to seek or continue employment in the role for which I have been trained.

Signature: _____ **Date of Application:** _____

Fax (408) 855-5578 or (408) 855-5213; scan (mchit@wvm.edu), mail or drop off the registration packet and required documentation to:

Mission College, Health Information Technology, Mailstop #1
3000 Mission College Boulevard Santa Clara CA 95054-897 Main Bldg., Rm. S3-204B