

# Certificate Program in Healthcare Information Technology

## Registration Form

### 1 Participant Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
*(As it will appear on your certificate, if applicable)*

Preferred Address:  Home  Business

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Social Security Number \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_  
*(Optional--will be used only as your student identification number) (Required for course access)*

Daytime Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Employer \_\_\_\_\_

HIMSS Member:  Yes  No

HIMSS Member Number: \_\_\_\_\_ (If necessary, please contact HIMSS for assistance)

### 2 Course Enrollment Information *(Choose either Certificate Enrollment (below) or Individual Course Enrollment (next page))*

#### A. Certificate Enrollment *(Select if enrolling in entire certificate program)*

**Registration Code**

I would like to enroll for the entire certificate program

1242

**You must also select one Foundation Course and all remaining courses below.**

*Please note: Courses should be taken in order. Indicate desired start date and Registration Code for each course (found on Registration/Fee info web page).*

**Start Date    Registration Code**

#### **Foundation Courses** *(Select one of the two foundation courses)*

Management and Organization of the U.S. Healthcare System

\_\_\_\_\_

Information Technology and Healthcare IT Infrastructure

\_\_\_\_\_

#### **Basic Courses** *(Both required)*

Major Healthcare Application Systems and Solutions

\_\_\_\_\_

Systems Development, Selection, Implementation and Support

\_\_\_\_\_

#### **Advanced Courses** *(Both required)*

Emerging Technologies in Healthcare IT

\_\_\_\_\_

Healthcare e-Strategy

\_\_\_\_\_

Once selections are completed, please proceed to Fees/Payment Information on the next page.

*Continued on next page* →

**Course Enrollment Information** *(continued)*

**B. Individual Course Enrollment** *(Select if taking courses, but not enrolled in the certificate program)*

I would like to enroll for an individual course

Indicate desired start date and Registration Code for each course (found on Registration/Fee info web page).

**Foundation Courses** *(Select one as appropriate)*

- Management and Organization of the U.S. Healthcare System
- Information Technology and Healthcare IT Infrastructure

**Start Date**      **Registration Code**

\_\_\_\_\_

\_\_\_\_\_

**Basic Courses** *(Select as appropriate)*

- Major Healthcare Application Systems and Solutions
- Systems Development, Selection, Implementation and Support

\_\_\_\_\_

\_\_\_\_\_

**Advanced Courses** *(Select as appropriate)*

- Emerging Technologies in Healthcare IT
- Healthcare e-Strategy

\_\_\_\_\_

\_\_\_\_\_

**3 Fees/Payment Information**

Fees	<i>Regular Fee</i>	<i>HIMSS Member Fee</i>
Entire Certificate Series (5 courses selected)	\$1425	\$1295
Individual Course Enrollment	\$325	\$285

**Payment Method** *(please check and complete as appropriate):*

Credit Card

- VISA     MasterCard     Discover     Diners International

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_

Purchase Order

Purchase Order Number \_\_\_\_\_

Contact Name \_\_\_\_\_

Contact Phone \_\_\_\_\_

Billing Address \_\_\_\_\_

Check, made payable to the *University of Connecticut*.

**Total Fee Enclosed** \$ \_\_\_\_\_

**4 Registration Submission Options**

**Fax:** 860-486-0272 (Note: Credit card or purchase order only; System secured to protect your privacy.)

**Phone:** 877-892-6264 (toll free) or 860-486-4905 (Note: Credit card or purchase order only.)

**Mail:** University of Connecticut, Center for Continuing Studies, Student Services Office, One Bishop Circle, Unit 4056, Storrs, CT 06269-4056