



Application for B.S., Health Services Management

EAST CAROLINA UNIVERSITY • COLLEGE OF ALLIED HEALTH SCIENCES
Greenville, NC 27858-4353
252-744-6177 Health Services and Information Management office
<http://www.ecu.edu/cs-dhs/hsim/hsm.cfm>

ADMISSION PROCEDURE AND REQUIREMENTS

Please print this document.

1. Choose either the Health Services Management (HSM) concentration **OR** the Allied Health Management (AHM) concentration and complete the appropriate course check list (included in this document).

Health Services Management (HSM) Concentration. The B.S. in Health Services Management is for the traditional student. It will allow the graduate to pursue jobs in mid-level management in health care; OR, the traditional student may choose to become a candidate for a master's program in allied health. With this concentration, pre-requisites for the master's will be met and a baccalaureate degree with a job future will be earned.

Allied Health Management (AHM) Concentration. This is for the working, credentialed practitioner with an associate degree who wants to advance into supervisory and managerial roles by studying via distance delivery to earn the baccalaureate degree in Health Services Management.

2. Return the completed admission application PACKET. Deadline is February 1.
3. Successfully complete general education courses and pre-requisite courses prior to entering the program. These requirements are listed in the East Carolina University's Undergraduate Catalog. Majors must earn a minimum grade of C in all core, cognate and required courses including BIOL 2130 and BIOL 2131.

Courses required for entry into program:

- a. BIOL 2130, 2131. Survey of Human Physiology and Anatomy
- b. BIOS 1500. Introduction to Biostatistics
- c. HIMA 3000. Medical Terminology for Health Professionals
- d. HSMA 2000. Professional Roles and Environments in Health Care
- e. MATH 1065. College Algebra
- f. MIS 2223. Introduction to Computers

For accepted majors who have not completed HIMA 3000 and HSMA 2000, these courses must be taken on-line in summer session I prior to entrance into the program in the fall.

4. Have a minimum overall grade point average of 2.5. The admission process is competitive; it is to the candidate's advantage to have a higher grade point average.
5. Transfer students must apply to ECU Admissions. Official transcripts are to be sent to ECU Admissions. Please do not send transcripts to the College of Allied Health Sciences.
6. Applicants will be evaluated using the following criteria:
 - a. Grade point average
 - b. Place of residence (in-state vs. out-of-state)
7. The applicant will be notified of the department's acceptance or rejection prior to pre-registration for summer school and fall semester.
8. Return his or her acceptance of admission letter.
9. Schedule at least one appointment with HSM advisor prior to submitting application.

Please mail application materials to: College of Allied Health Admissions.
Health Sciences Building, 3206C, Mail Stop 668
East Carolina University, Greenville, NC 27858-4353



APPLICATION FOR ADMISSION
 Health Services Management
 EAST CAROLINA UNIVERSITY • COLLEGE OF ALLIED HEALTH SCIENCES

PERSONAL INFORMATION

ECU ID Number _____ Term/Year you wish to be admitted _____

Full Legal Name _____
 Last Name First Name Middle Name

Current Mailing Address _____
 Street City State Zip

Current Until _____ Phone No. (location where you can be contacted) (_____) _____

Permanent Address _____
 Street City State Zip

Permanent Phone Number (_____) _____ E-mail Address _____

Date of Birth ____/____/____

North Carolina Resident? Yes No NC County of Legal Residence _____

U.S. Citizen? Yes No If No, give country of citizenship: _____

*Optional. Requested for purposes of statistical information only. The department will not use it in the admission process or the admission decision. It will be used only for nondiscriminatory purposes such as determining whether the university is succeeding in its efforts to develop a university culture based on respect for human diversity.

* Male Female

* Ethnic Origin: American Indian or Alaska Native Asian Black / African American Hispanic or Latino Native Hawaiian or Pacific Islander White

EDUCATION INFORMATION

Please complete the following for all universities (other than ECU), colleges, technical schools, or other post-high school educational programs you have attended.

Name of School	City	State	Dates of Attendance		Diploma/Degree or Semester Hours
			Mo./Yr.	Mo./Yr.	

Do you currently have a college degree? Yes No
 If yes, what was your degree major: _____ Degree type: AAS AS AA B.S. B.A. Other

Certifications/Licensures Held: _____
 Name of Agency: _____
 License/registration/certification number and date awarded: _____

Are you currently employed in a health care setting? Yes No. If yes, employer's name and your job title: _____

How did you hear about our program? ECU College of Allied Health Sciences website Career Fair
 Advisor/professor at community college or high school Other (please describe): _____

I plan to attend classes: Face-to-face as an on-campus student Via the Internet as a distant student
 I will be taking courses as a: Full-time student Part-time student

I understand that the College of Allied Health Sciences cannot make any decision regarding my application until this application and other supporting material have been received. If I have courses in progress during the spring semester, I understand that if I am accepted into the program that the acceptance is conditional upon satisfactory completion of these courses.

I understand that the College of Allied Health will rely upon the information submitted herein to determine my status for admission and residency eligibility. I certify that the information in this application is complete and correct and understand that the submission of false information is grounds for rejection of my application, withdrawal of any offer of acceptance, cancellation of enrollment, or appropriate disciplinary action.

If there are circumstances that may have an influence on your admission, which you would like for those reviewing your application to know about, please describe on a separate sheet and attach.

X _____
 Signature of Applicant Date

Core						
Concent						
Elec						
Sub-totals						