

Cancer Registry Management Certificate

ADMISSION APPLICATION

Danville Area Community College 2000

East Main St, Danville, Illinois 61832

Telephone 217-554-1678 – www.dacc.edu

Application deadline is the last Friday in June.

PERSONAL INFORMATION

Student ID Number:
Email Address:
Phone:



Name: _____ Date: _____

Last, First, MI

Mailing Address: _____

Street

(PO Box)

City, State Zip

Have you ever been convicted of a crime? Yes _____ No

_____ If yes, please give a complete explanation

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<u>Pre-Requisite Courses:</u>	Completed At (School Name)	Grade
BIOL 136 Anatomy and Physiology I		
BOFF 140 Medical Terminology		
HITT 115 Patho-Physiology and Pharmacology		
HITT 101 Introduction to Health Information Technology		

Please check all that apply and give dates of program attendance and program location. Must provide copy of current license/certification, program/college transcripts from institutions other than DACC and a summary of any cardiology experience.

Health Information Technology	Completed at	To-From
Associate Degree		
Certificate		
B.S		
Associates Degree		
Other (Specify) _____		
Bachelor's Degree or Higher		
Other (Specify) _____		

Please email completed application to k.johnson@dacc.edu