



Health Unit Coordinator

Application Packet

Please return completed application packet with required documentation to:

Jamie Hardy,
Admissions Coordinator
Sabine Hall room 180
12800 Abrams Road
Dallas, Texas 75243-2199

Phone: 972.761.6814
Fax: 972.761.6793

Health Unit Coordinator

12800 Abrams Road
Dallas, Texas 75243-2199
972.238.6950
www.richlandcollege.edu/hp

Health Professions Division

Career Overview

The Health Unit Coordinator (HUC) coordinates the activities of the nursing unit in a hospital. Working under the supervision of a member of the nursing department, the Unit Coordinator serves as the nursing unit receptionist – greeting patients, families, visitors, and staff members on the phone or in person. Duties also include transcribing physicians' orders, preparing and maintaining patient documents, and requisitioning procedures, supplies, and treatments using paper forms or a computer. The HUC helps assure accurate and timely communication between the nursing unit, physicians, and other departments in the hospital.

Length and Cost of Training

This 320-hour program requires approximately two semesters to complete. Tuition cost is \$1,045. Books, uniforms, medical insurance, and liability insurance are required.

Prerequisites

- High school diploma or GED and 18 years of age
- Documentation or assessment of entry-level academic skills in reading, writing, and math
- Documentation or assessment of computer skills – Windows, Word, keyboarding of 25 wpm

Coursework

	Hours
Medical Terminology I (MDCA 1013)	64
Medical Law and Ethics (PBHL 1001)	16
Health Data Content & Structure (HITT 1001)	48
Healthcare Communications	48
Human Disease and Pathophysiology (MDCA 1002)	48
Unit Clerk/Coordinator Clinical (HUWC 1060)	<u>96</u>
Total	320

- **Clinical Requirement:** Proof of medical insurance, liability insurance, CPR, immunizations, TB test, criminal background check and drug screen required.
- Course offerings vary by semester.

Offering Certificate Programs in:

Community Pharmacy Technician • Health Unit Coordinator • Medication Aide • Institutional Pharmacy Technician • Medical Practice Manager
Phlebotomy Technician • Medical Assisting • Medical Office Technician • Medical Office Transcription • Medical Insurance Coding



Richland College

DALLAS COUNTY COMMUNITY COLLEGE DISTRICT

Health Unit Coordinator Admissions Checklist

Students are advised to collect the following documents and submit them to the Admissions Coordinator prior to registration in the first course in the curriculum.

- High school diploma, GED, or college transcripts
- Evidence of 18 years of age
- College transcripts showing a "C" average or better in course work within the last five years or attainment of minimum scores on Accuplacer or equivalent test (See Health Professions Admissions Coordinator for Accuplacer appointment.)
 - 78 in reading comprehension
 - 80 in sentence skills
 - 55 in arithmetic
- Passing score on Word test
- Keyboarding speed of 25 wpm (corrected)

In addition to the requirements listed above, the following documentation must be provided six weeks prior to enrollment in the clinical externship:

- Proof of immunizations or serologic confirmation of immunity to:
 - MMR (if born after 1/1/57) (2 doses of measles administered after 1/1/68)
 - Varicella (chickenpox) (2 doses unless 1st received prior to age 13)
- TB skin test within last 12 months
- Tetanus booster within last 10 years
- Current BLS certification
- Health evaluation

Students must complete the following courses with a C or better:

- | | |
|---|----|
| <input type="radio"/> Medical Terminology I (MDCA 1013) | 64 |
| <input type="radio"/> Medical Law and Ethics (PBHL 1001) | 16 |
| <input type="radio"/> Health Data Content & Structure (HITT 1001) | 48 |
| <input type="radio"/> Healthcare Communications (HPRS 2032) | 48 |
| <input type="radio"/> Human Disease and Pathophysiology (MDCA 1002) | 48 |

Students must attend an orientation session, obtain the signature of the program coordinator, and be able to provide proof of liability insurance, criminal background check and drug screen prior to registering for the clinical experience.

RICHLAND COLLEGE
HEALTH UNIT COORDINATOR PROGRAM
Admission Process

All students interested in any Health Professions certificate are strongly encouraged to attend an information session. Students who intend to obtain the Health Unit Coordinator (HUC) certificate must complete the form below and provide additional documentation as listed on the previous page. All documents should be submitted to the Health Professions Admissions Coordinator, Sabine Hall room 180. For additional information about the program and a schedule of information sessions, visit our website at www.RichlandCollege.edu/hp.

Name: _____

Mailing address: _____

Home phone: _____ Additional phone: _____

Best time to call: _____ Email address: _____

Class time preference _____ Mornings (8:30 am – 12:30 pm)
_____ Afternoon (1:00 pm – 5:00 pm)
_____ Evenings (6:00 pm – 10:00 pm)

Health Unit Coordinators should have prior clerical work experience preferably in a healthcare setting. Please list relevant work experience.

Employer: _____

Address: _____

Start month/year: _____ End month/year: _____

Job title: _____

Duties: _____

Add pages if necessary.

HEALTH EVALUATION

I understand it is my responsibility to update my health status changes (within 30 days of the occurrence of symptoms, disease, accident or infirmity) and that I may be required to submit medical clearance to return to the program.

Applicant's Printed Name

Applicant's Signature

Date

Immunization Record

Varicella
Vaccination Date: Vaccine 1 _____
Vaccine 2 _____

**Tetanus /
Diphtheria
Booster:** _____

MMR Vaccine 1 _____
Vaccination Date: Vaccine 2 _____

Hepatitis B Vaccine 1 _____
Vaccination Date: Vaccine 2 _____
Vaccine 3 _____

Students who do not have records of immunizations may provide results of serologic tests to confirm immunity.

Tuberculosis Screening Date: _____ (attach results)
(TB tests are available for free in the RLC Health Center, T110.)

I certify that the student (applicant) listed above is physically capable of performing the job of a Health Unit Coordinator.

Physician's Printed Name

Physician's Signature

Date

Physicians Stamped Address:
(or attach business card) →

STUDENT DOCUMENT OF UNDERSTANDING

I understand that if I miss more than 10% of a class, I may not be able to make it up and will have to retake the class. I also understand that if I am chronically tardy to class, points may be taken off my final grade and/or it may be added to the 10% of hours missed in class. The syllabus will explain the method the instructor will use to determine the grade. He/She will determine if the absence can be excused.

I certify that I have read this and understand its meaning. I also have been given the opportunity to ask questions regarding this statement.

Applicant's Signature

Date

I understand that I will have to complete a background check and drug screen at my own expense, estimated to be \$80.00. I also understand that I will be required to pay for liability insurance through Richland College, estimated cost \$18.00. I understand that I am responsible for having health insurance and may be required to provide proof of coverage prior to my externship.

I certify that I have read this and understand its meaning. I also have been given the opportunity to ask questions regarding this statement.

Applicant's Signature

Date

I understand that I will be required to have a health exam and provide proof of immunizations or serologic proof of immunity to Measles, Mumps, Rubella, Varicella (Chickenpox) and Tetanus at my own expense. I also understand that I will be required to be tested for TB annually or provide proof of a prior positive test and chest x-ray result.

I certify that I have read this and understand its meaning. I also have been given the opportunity to ask questions regarding this statement.

Applicant's Signature

Date

I understand that I will be required to have a current CPR for Health Professionals card.

I certify that I have read this and understand its meaning. I also have been given the opportunity to ask questions regarding this statement.

Applicant's Signature

Date