



## **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

## 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 in 2006 is \$1,045. Books, uniforms and liability insurance are also required.

## Prerequisites

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

## Coursework

	<b>Hours</b>
Medical Terminology I (MDCA 1013)	64
Medical Law and Ethics (PBHL 1001)	16
Health Data Content & Structure (HITT 1001)	48
Healthcare Communications (HPRS 2032)	48
Human Disease and Pathophysiology (MDCA 1002)	48
Unit Clerk/Coordinator Clinical (HUWC 1060)	<u>96</u>
Total	320

- Students with no prior experience in an acute care environment are encouraged to take Introduction to Health Professions (HPRS 1001).
- **Clinical Requirement:** Proof of liability and health insurance, immunizations, criminal background check and drug screen required.

## 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
- Proof of eligibility to work in the USA
- 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)

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

- |   |    |
|---|----|
| ○ Medical Terminology I (MDCA 1013)             | 64 |
| ○ Medical Law and Ethics (PBHL 1001)            | 16 |
| ○ Health Data Content & Structure (HITT 1001)   | 48 |
| ○ Healthcare Communications (HPRS 2032)         | 48 |
| ○ Human Disease and Pathophysiology (MDCA 1002) | 48 |

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 1<sup>st</sup> received prior to age 13)
  - Hepatitis B complete series
- TB skin test within last 12 months
- Tetanus diphtheria booster within last 10 years
- Current BLS certification
- Proof of health insurance
- Proof of payment for liability insurance
- Completed request forms and payment for criminal background check and drug screen

**Students must attend an orientation session to receive clinical site assignment and registration form.**

**RICHLAND COLLEGE**  
**HEALTH UNIT COORDINATOR PROGRAM**  
Application Form

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](http://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.

## STUDENT DOCUMENT OF UNDERSTANDING

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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.

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Applicant's Signature

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Date

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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 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.

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Applicant's Signature

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Date

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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), Hepatitis B, 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.

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Applicant's Signature

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Date

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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.

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Applicant's Signature

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Date