

Health Information Management Program

# ACKNOWLEDGEMENT OF RECEIPT OF THE PPE HANDBOOK (Student)

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| I, hereby acknowledge receipt of the Professional Practice Experience (PPE) Handbook. I understand that I am bound by the Franklin University Community Standards, which are found in the Academic Bulletin, and by the terms and conditions of the Handbook. |
| Student ID Number/Last four digits of SSN: |
| Date of Birth: |
| Signature: |

**New students enrolling in the HIM program must complete and return this form prior to registration for their first term courses.**

**Current students who have changed their major to HIM must complete this form prior to registration for the HIM 300 course.**

**The form may be returned to the University via email, fax or U.S. Mail:**

**Email** scanning@franklin.edu

**Fax**  614/224-0434

**U.S. Mail** Franklin University

 Registrar’s Office

 201 South Grant Avenue

 Columbus, Ohio 43215