College of Lake County
Associate Degree Program in Health Information Technology (HIT)
Virtual HIT Information Session

<mark>This form is to be completed *after* you attend a session</mark>

By signing this form, I verify I attended the virtual HIT information session on

Date: _____   Time: _____

HIT information session code: _____
(this code will be given during the information session, it is **NOT** the Zoom meeting ID)

Phone: _____

Email: _____

Name: _____
                    Printed

Name: _____
                    Signature

CLC Student ID number: _____

**Please email the completed form to:
cmelnytschuk@clcillinois.edu

This completed form documents your participation in the virtual information session that is part of the screening requirements for the HIT program. You will receive a code at the end of the information session to use for the completion of this form.