Dear Health Care Management Student:

Welcome to the Health Care Management Program! The IRSC program will prepare you for a wide variety of opportunities in health care. Medical and health services managers, also called health care executives or health care administrators, plan, direct or coordinate medical and health services. They might manage an entire facility or specialize in managing a specific clinical area or department, or manage a medical practice for a group of physicians. Medical and health services managers must be able to adapt to changes in health care laws, regulations, and technology.

Program Orientation:
We want you to be prepared to make the most out of your education here at IRSC. The Health Care Management program of study is outlined in the curriculum guide on the College website. All students should meet with their advisory to create their individual success plan. The website also has the Health Science and Health Care Management program handbooks, information on program expenses, program requirements, technology requirements, and service learning experience opportunities.

We invite all students to attend one of the monthly information sessions held on the 4th Wednesday of every month at 4 pm in H 306. Here you can meet the faculty and learn more about the program.

Personal Health Insurance, & Medical Physical/Immunization Records:
All Health Science students must pass a drug screen and background check and will need to turn in your medical physical and immunization form and documentation of personal health insurance to the Health Science Division office. (See “Process and Due Dates” on the Health Care Management web page.)

The physical and immunization record must be on the Health Science physical and immunization form ONLY. You may turn in additional forms, but all the information required on the form must be on the Health Science form. A link to the form can be found at http://www.irscems.org/resources.html.

Your documentation of personal health insurance must show your name as an insured party. Often insurance cards only show the primary policyholder’s name. If your name is not listed, you must obtain some other form of documentation from the insurance provider indicating you are a covered party on another individual’s policy. If you do not currently have insurance coverage, inexpensive insurance plans for students are...
available. For some options, go to the IRSC website (irsc.edu), search for “Health Wellness Center,” and click on the Health Services link on the Health & Wellness Center page.

**Student Handbooks and Resources:**
In advance of the first day of class, you should familiarize yourself with the college and program policies. Links to the IRSC Student Handbook, Health Science Division Student Handbook, HCM Student Handbook are at http://www.irsc.edu/programs/healthscience/bshealthcare/bshealthcare.aspx?id=1829. We will go over key areas as part of the orientation process. The official syllabi for your courses will be located in Blackboard and available on the first day of class.

**Additional Requirements, Information, & Questions:**
We will continue to provide you with additional information. Be sure to check your RiverMail account **DAILY**. All communication will be by RiverMail. As you go through the program, if you have any questions, please feel free to email us. You must use your RiverMail account.

Welcome to the Indian River State College Health Care Management program!!

Sincerely,

**Dr. Roscoe Dandy**
Roscoe Dandy D.P.H.
Associate Professor & Program Director
Health Care Management Program

**Dr. Anne Drabczyk**
Anne Drabczyk Ph.D.
Assistant Professor
Health Care Management Program
Student Acknowledgement Form
(Initial Each Line)

I acknowledge that I have received the Health Care Management Program Welcome Letter containing important information about the program. I agree to read the letter in its entirety and understand that I am responsible for all of the information included in it. If I have any questions about what is contained in the letter, I will contact Department Chair or Health Science Division office.

I acknowledge that I MUST attend a Program Information session held on fourth Wednesday of the month at 4 pm in H 306, Health Science Building, Main Campus.

I acknowledge that I MUST check my RiverMail DAILY for additional communication from the College, Health Science Division or the HCM Program.

Student Name: ________________________________

SID#: ________________________________

Signature: ________________________________

Date: ________________________________