



CERTIFIED MEDICAL CODING PROGRAM

Student Application for Admission

Directions: Complete this application and submit to the Adult Education Office at 310 S Curtis, Missoula, MT 59801 with proof of prerequisites attached by the course deadline. **Only complete applications with all required results and tuition payment will be considered for admission**

Registration/Payment Deadline: Monday December 14, 2015
OR UNTIL PROGRAM FILLS

NOON

***** Applications without required information are considered incomplete and will not be processed. Required materials must be attached to application: Proof of required prerequisite courses in Medical Terminology and Anatomy & Physiology.**

*****Tuition payment is required at the time of application.**

*****Pre-Requisite courses are waived for those with a current medical license – LPN, RN, NP, PA,**

1. Personal Information Required

Legal Name (Last) _____ (First) _____ (Middle) _____

Other name(s) used (Maiden Name) _____

Social Security number _____

Mailing Address _____

City _____ State _____ Zip _____ County _____

Cell Phone (_____) _____ Home Phone (_____) _____

Email _____ Birthdate (mo/day/yr) _____

Current Medical Employer: _____ Length of Employment: _____

Current Medical License: _____ (complete if prerequisite courses are waived)

2. Voluntary Information

Gender Circle One: MALE FEMALE

Country of citizenship _____

If not a U.S. citizen, are you a permanent resident alien of the United States? Yes No

Do you consider yourself to be Hispanic/Latino? Yes (specify country of origin) _____ No

In addition, please circle one or more of the following racial categories to describe yourself:

American Indian or Alaska Native Asian Black or African American

Native Hawaiian or Other Pacific Islander White No Response Other – Unknown

Disability Status: N/A or define _____

Payment for tuition and textbooks is due at the time of application. Visa, Mastercard, or Check accepted. Authorizations from sponsoring agencies or employers must include participant name, class information and amount authorized for billing on business or agency letterhead.

_____ \$999 Classroom instruction in Missoula

_____ \$1344 Distance learning through Vidyo. Required to meet at same dates and times as classroom instruction in Missoula. Required textbooks will be mailed to address listed above.

_____ Make Checks Payable to The Lifelong Learning Center

_____ Visa/Mastercard number _____ - _____ - _____

Expiration date _____/_____/_____

Printed Name on Card _____

Cardholder signature _____

I hereby certify that the statements on this application are correct to the best of my knowledge and I understand falsification or omission of information result in denial or rescinding of admission to the Certified Medical Coding program or continuation in any of its courses of study.

Student Signature: _____ **Date:** _____

Office Use Only

Action by Date:	
_____ Results	Med. Term, & A/P
_____ Application	Complete

<u>Orientation Required Materials</u>	
_____ Forms	Completion of Examination
_____	AAPC Membership Number