

## Continuing Education - Medical Coding Certificate Program

### Application for Admission

**REQUIRED:** Application should be returned with a copy of one or more of the following: Resume/Unofficial Transcript/Professional Reference Letter.

**Applications that are not signed, typed or neatly handwritten and accompanied by a resume, transcript and/or reference letter will not be considered for interview.**

Name:		Date of Birth:	
Address:	City:	State :	Zip:
Home Phone:	Work Phone:	Cell Phone:	
Email Address:		Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	
I would like to be considered for the session that begins in: <input type="checkbox"/> January <input type="checkbox"/> August			
I am working with a Workforce Partnership location: <input type="checkbox"/> Yes <input type="checkbox"/> No			

### Education:

Degrees:		
Areas of Study:		
Credentials:		
Certificates:		
High School Diploma:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
		GED <input type="checkbox"/>

### Professional/Work Experiences - List Last Three Positions

Company:
Position/Title:
Responsibilities:
Dates of Employment:
Company:
Position/Title:
Responsibilities:
Dates of Employment:
Company:
Position/Title:
Responsibilities:
Dates of Employment:

**What experience do you have working in the Healthcare field that is not listed above?**

**Please explain why you think you would be successful in the Medical Coding Profession? Please include personal attributes, skills, former training or experience.**

Have you had an Anatomy and Physiology Course? YES <input type="checkbox"/> NO <input type="checkbox"/>
(If yes, include transcript. If no, you will be required to successfully complete Anatomy and Physiology & Demystifying Medical Terminology prior to the start of Medical Coding)
Please make a check by any or all of the coding books you are familiar with:
ICD-9 <input type="checkbox"/> HCPCS <input type="checkbox"/> CPT <input type="checkbox"/>

**Signature: \_\_\_\_\_ Date: \_\_\_\_\_**  
**Please mail the completed form and supportive documentation to:**

JCCC  
Box 26, Kathy Gill  
12345 College Blvd, Overland Park, KS 66210  
(or scan and email to kgill1@jccc.edu)