

**Continuing Education – Medical Coding Certification Preparation Course**  
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 admission.**

Name:		Date of Birth:	
Address:	City:	State :	Zip:
Phone:	E-Mail Address:		
I am working with a Workforce Partnership location: <input type="checkbox"/> Yes <input type="checkbox"/> No			

**Education:**

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

**Professional/Work Experiences – 1-2 Most Recent Positions**

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.**

How many years have you worked in the healthcare field?
Please make a check by any or all of the coding books you are familiar with: ICD-10 <input type="checkbox"/> HCPCS <input type="checkbox"/> CPT <input type="checkbox"/>

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please scan and e-mail the completed form and other supportive documentation to:**

[Healthcare@jccc.edu](mailto:Healthcare@jccc.edu)

JCCC  
Box 26, Kathy Gill  
12345 College Blvd, Overland Park, KS 66210