

Student Application Form

Medical Coding Specialist Program



To be considered for Tri-County Allied Health School's Medical Coding Specialist Program, all applicants must:

- Be at least 17 years of age or are beyond the age of compulsory school attendance in the State of California
- Be a high school graduate or its recognized equivalent
- Be a US Citizen or Permanent Resident

If accepted into the Medical Coding Specialist Program all applicants will be required to:

1. Provide a High School Transcript/Diploma or Copy of GED Scores: Please provide a copy of your high school diploma. If you cannot provide one please contact all high schools you have attended and request that they mail an official transcript to the address below. If you have obtained a GED, please submit a copy of your GED diploma along with your scores.
2. Provide a College Transcript: If you have taken courses beyond the high school level you can submit an official college transcript **in lieu of a high school transcript/diploma**. Please contact all colleges you have attended and have them mail your transcript to the address below. Tri-County Allied Health School is required to evaluate transfer credit for all students who qualify for Department of Veteran's Affairs (VA) education benefits. This process is mandatory for all students receiving Veteran's Benefits, even if the student only has military training and no prior college credits. The institution will maintain a record of the transfer credit evaluation in the student's record. The student's eligibility for Veteran's Benefits may be reduced if the student receives transfer credit.
3. Provide an Immunization Record: All students enrolled in the Medical Coding Specialist Program will be part of a Practicum, where an immunization record **may be** required from the host site. To prevent the spread of diseases such as Measles, Mumps, Rubella, (MMR), Tuberculosis and Hepatitis B evidence must be provided showing that the student has been immunized and poses no threat to others. **This is not required upon the start of the program.**
4. Complete an Interview with an Admissions Counselor: We would like to meet with you face to face and make sure you have all the information you need regarding our Medical Coding Specialist Program and that all your questions are answered. At Tri-County Allied Health School you'll never feel like you're alone. We are here for you every step of the way to help you define your career goals and explore whether this Institution can help you obtain those goals.
5. Meet with a Finance Representative: Unfortunately, Tri-County Allied Health School is not a Title IV Institution and currently does not participate in any Federal or State Financial Aid Programs. This Institution does have the ability to provide you with different ways to finance your tuition, and our Finance Representatives can give you all the information you need to make a well-informed decision.

Upon completion of this application, Tri-County Allied Health School will review information provided and inform applicants whether they have been accepted for enrollment into the Medical Coding Specialist Program.

Please mail or fax your completed application form to:

Tri-County Allied Health School
c/o Admissions Office
512 Queensland Circle
Corona, CA 92879
Phone: (951) 479-4775 Fax: (951) 278-3670

You can also access this application online, fill it out electronically and submit it via email by visiting:

www.tricountyallied.edu

MISSION STATEMENT

Our mission at Tri-County Allied Health School is to provide quality education and superior technical training in a supportive learning environment that promotes motivation, higher education and self-discipline; and to provide our students with the knowledge and skills needed to qualify for better healthcare career opportunities.



Student Application

PERSONAL INFORMATION

First Name _____ Last Name _____

Home Number _____ Cell Number _____

Fax Number _____ E-mail Address _____

Social Security Number _____ DL or ID # _____

Date of Birth _____ Are you a US Citizen or Permanent Resident? Yes No

RESIDENTIAL ADDRESS

Address _____

City _____ State _____ Zip Code _____

MAILING ADDRESS *(if different from residential address)*

Address _____

City _____ State _____ Zip Code _____

EMERGENCY CONTACT INFORMATION

Name _____ Relationship _____

Address _____

City _____ State _____ Zip Code _____

Contact Number _____ E-mail Address _____

EDUCATIONAL INFORMATION

Name of School / University	City / State (Country if outside the U.S.)	Degree / Major Subject (Or Focus of Education)	Dates Attended (mm/yy) - (mm/yy)

CREDENTIALS

Please provide all professional credentials, certificates, and/or licenses currently held.

EXTRACURRICULAR ACTIVITIES

Please list all extracurricular activities you have been a part of within the last five years. Please include the name of the organization, your position or role, and the dates of your participation.

Activity/ Organization _____

Position _____ Dates From _____ To _____

Activity/ Organization _____

Position _____ Dates From _____ To _____

Activity/ Organization _____

Position _____ Dates From _____ To _____

WORK EXPERIENCE & CAREER GOALS

Employer _____

Address _____

City _____ State _____ Zip Code _____

Position _____ Dates From _____ To _____

Approximate Annual or Hourly Salary _____ Are you ready for a change in career? Yes No

What are your career goals? _____

SPECIAL NEEDS AND/OR CONSIDERATIONS

Please indicate any special needs and/or considerations that may affect your learning or learning environment.

DEMOGRAPHICS

The following items are optional. The information you provide will not be used in discriminatory manner.

Gender: Male Female

Marital Status:

Race:

- African, African American, Black
- Asian, Asian American, Pacific Islander
- Hispanic, Latino
- Middle Eastern
- Native American
- White, Caucasian
- Other

- Never Married
- Married
- Widowed
- Separated
- Divorced

US Armed Services veteran: Yes No

Primary language spoken at home, if other than English: _____

DISCIPLINARY HISTORY

Have you ever been found responsible for a disciplinary violation at an educational institutional, whether the misconduct was academic or behavioral, that resulted in expulsion from the institution? Yes No

Have you ever been convicted of a misdemeanor, felony, or other crime? Yes No

An answer of yes may not disqualify you from attending Tri-County Allied Health School but may inhibit you from obtaining a license in which this program is geared to help you obtain, or a conviction may prohibit you from employment in the specified field of study, so please answer the above question truthfully.

If you answer yes to either question or both questions, please give the approximate date of each incident and explains the circumstances in the space provided.

REFERENCES

To facility the consideration of your application, Tri-County Allied Health School suggests you list two (2) references. Please list the names and information of persons that are acquainted with your intellectual abilities, academic performance and personal character.

Name _____

Address _____

City _____ State _____ Zip Code _____

Contact Number _____ E-mail Address _____

Company/Organization _____ Position/Title _____

Name _____

Address _____

City _____ State _____ Zip Code _____

Contact Number _____ E-mail Address _____

Company/Organization _____ Position/Title _____

PERSONAL STATEMENT

Define your purpose in studying at Tri-County Allied Health School and describe how your career objectives would be enhanced by pursuing education and training at this Institution. You may also use this portion to supply addition information which you believe is necessary to support your application for admission to this Institution.

Print Name

Signature

Date