

# 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.
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](http://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.

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**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.

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\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date