

Medical Coder Certificate Program

Medical Coder Certificate Program Application

# STUDENT ID NO.

**NAME**

**Last First MI Maiden/Other**

# ADDRESS

**Number and Street Apartment Number**

**City State Zip Code**

# PHONE

**Home Cell/Other**

# EMAIL

**HIGH SCHOOL GRADUATE? Yes No GED: Yes No**

***List all previous colleges attended for academic credit, including Dallas County Community Colleges.***

**(Current official transcripts must be on file in the Registrar’s Office.)**

**I am submitting my application materials for admission to the:** 20 semester**.**

 **(Fall, Summer, or Spring)**

# STATEMENT OF STUDENTS’ RESPONSIBILITY

I have read and understand the admission process for the Medical Coder Certificate Program.

I understand that the packet is for information purposes only and does not constitute a contract, expressed or implied, between any applicant, student, or faculty member and Dallas College.

I understand that the purpose of this program is to prepare me with the skills needed to work in entry-level coding positions in a variety of healthcare settings as well as to provide a foundation to take the national certification exams to become a certified medical coder. The Medical Coder Certificate program does not guarantee job placement in hospitals, medical offices, or insurance claims offices. Additionally, the program does not prepare students for starting a home/office coding business.

# I certify that the information given on this application is complete and accurate.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Applicant’s Signature Date**

Educational and employment opportunities are offered by Dallas College without regard to race, color, age, national origin, religion, sex, disability, or sexual orientation.