

**MARION TECHNICAL COLLEGE
HEALTH INFORMATION TECHNOLOGY (HIT) PROGRAM APPLICATION
MEDICAL BILLING & CODING CERTIFICATE**

Name _____ SS# or PID _____

Complete Address _____ Phone # _____

Directions: Complete this program application to apply for admission in the Health Information Technology (HIT) program. Please initial the blanks and submit this application ONLY if you can answer the questions affirmatively (yes).

- ___ 1. I have been notified that my Marion Technical College Admission File is complete.
 - ___ a. MTC application for admission and fee
 - ___ b. Final high school transcript or GED results
- ___ 2. I have achieved a raw score of 79 or above on the Accuplacer Reading Skills Assessment
 - OR (check one)
 - ___ I have successfully completed ENG 0970 Reading Enrichment II OR
 - ___ I have received a 20 or above on the Reading portion of the ACT.
- ___ 3. I have achieved a raw score of 30 or above on the Accuplacer Math Skills Assessment
 - OR (check one)
 - ___ I have successfully completed MTH 0910 Math Literacy OR
 - ___ I have received a score of 19 or above on the Math Portion of the ACT.
- ___ 4. I have achieved a raw score of 86 or above on the Accuplacer Writing Skills Assessment
 - OR (check one)
 - ___ I have successfully completed ENG 0990 Preparation for College Writing II OR
 - ___ I have received a score of 18 or above on the English portion of the ACT.
- ___ 5. I have at least a 2.5 accumulative grade point average and understand I must achieve a "C" in all required courses to remain in the program.
- ___ 6. I have completed one of the following:
 - ___ a. American College Test (ACT) score of 15 or higher on test taken before October 1, 1989.
 - ___ b. American College Test (ACT) score of 18 or higher on test taken after October 1, 1989.
 - ___ c. Required college program course(s) with a minimum accumulative grade point average of 2.5 or better.
- ___ 7. I realize that there are additional requirements for entrance into a Professional Practice Experience, and that they must be met by the specified deadline to avoid forfeiture of the Experience.
 - a. completion of medical physical
 - b. testing for infectious diseases and update immunizations
 - c. signed Responsibility for Treatment.
 - d. purchase liability insurance
 - e. drug screening
- ___ 8. I understand my clinical site may require:
 - a. random drug testing;
 - b. HIV testing if exposed to a bloodborne pathogen;
 - c. submission to treatment/counseling if exposed to infectious diseases (i.e. HIV, TB, Hepatitis), and
 - d. criminal background check.
- ___ 9. I am able to meet the non-academic technical standards listed in the HIT Student Handbook.
- ___ 10. I have read and understand the Health Information Technology Student Handbook policies and requirements. I have had an opportunity to ask questions. I agree to abide by the policies and requirements specified in the Handbook.

I wish to enter the HIT technical course sequence _____ term, with an anticipated year of graduation of _____.

I understand that should I choose an on-site Professional Practice Experience with the HIT program, participation may be contingent upon a successful criminal background check facilitated by Marion Technical College and negative drug screen.

I understand that potential employers may require background check and drug screening for potential employment and that completion of a MTC program does not guarantee future employment.

I certify that the information that I have provided is true to the best of my knowledge. I understand that I am responsible for fulfilling all of the program admission and possible medical requirements.

Applicant's Signature _____

Date _____

MAIL TO: **Darlene L. Lewis**
Health Technologies Administrative Assistant
Marion Technical College
1467 Mt. Vernon Avenue
Marion, OH 43302
 E-MAIL TO: **manleyc@mtc.edu**

Application received _____
 Application accepted _____
 Application denied _____
 Year/Term. to graduate _____
 Letter sent to student _____