

MARION TECHNICAL COLLEGE
MEDICAL BILLING & CODING CERTIFICATE APPLICATION
1 year plan _____ 2 year plan _____

Name _____ SS # or PID _____

Address/City/State/Zip _____ Phone # _____

Directions: Complete this program application to apply for admission in the Medical Billing and Coding (MBC 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 an 18 or above on the Reading portion of the ACT.
 ___ Waived with verification of successfully completed college level coursework. _____ Advisor's Initials
- ___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 18 or above on the Math portion of the ACT.
- ___4. ___ I have achieved a raw score of 86 or above on the COMPASS 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 am able to meet the non-academic technical standards listed in the Health Information Technology Student Handbook (used for both HIT & MBC programs).
- ___7. I have read and understand the HIT policies and requirements. I have had an opportunity to ask questions. I agree to abide by the policies and requirements specified in the Handbook.
- ___8. I realize that there are additional requirements for entrance to a Professional Practice, and that they must be met by the specified deadline to avoid forfeiture of the Practice.
 - 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
- ___9. 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.
- ___10. I am able to meet the non-academic technical standards listed in the HIT Student Handbook.

I wish to enter the Medical Billing and Coding Certificate Program sequence _____ term with an anticipated year of completion _____.

I understand my formal acceptance into the MBC Program may be contingent upon a successful criminal background check facilitated by Marion Technical College.

I understand that if the program is filled at the time that I submit this application that I will be placed on a waiting list and will be accepted into the program when an opening is available on a first-come first-serve basis.

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 medical requirements.

Applicant's Signature

Date

RETURN TO: **Darlene L. Lewis**
Health Technologies Secretary
Marion Technical College
1467 Mt. Vernon Avenue
Marion, OH 43302

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

Disposition: WHITE to Darlene L. Lewis; YELLOW to student

DLL:sc/02-14-12/Med Billing & Coding App-semester