



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 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 Brookhaven 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 health care settings as well 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