AACC School of Health Sciences

MEDICAL CODING

Rolling Admissions **Program Application**

Submit completed application to healthsciencesadmissions@aacc.edu (preferred) or via mail to Anne Arundel Community College (AACC), ATTN: School of Health Sciences 101 College Parkway, Arnold, MD 21012.

| DEMOGRAPHIC INFORMATION | | | | | | |
|-------------------------------------|------------|-------------|---------------------|--|--|--|
| _ast Name | First Name | | Middle | | | |
| Address | | | | | | |
| City | State | Zip Code | County of Residence | | | |
| *Last 4 digits of social security # | | College ID# | | | | |
| Phone | | | | | | |
| | | | @mymail.aacc.edu | | | |

The mailing address you provide will be your address of record. It is your responsibility to notify the Health Sciences Admissions Office as well as the Records Office of name, address and phone number changes during the application process. Applicants are advised to check their AACC email account periodically for placement updates and notices.

ADMISSION/ACADEMIC REQUIREMENT CHECKLIST

Before completing this application, you must meet all the requirements below.

- I have an active admission status at AACC and am in Good Standing (≥ 2.0 GPA) with the college.
- 2. I understand that it is highly recommended, but not required, that I attend a Medical Coding information session.
- 3. I am ENG 101/ENG 101A (Academic Writing and Research 1) eligible.
- 4. I am general mathematics eligible, or I have successfully passed the Arithmetic Placement Test (APT) or MAT 005 (Arithmetic).
- I understand that all admission requirements, including prerequisites, must be completed by the end of the summer term.
- 6. I understand that pass/fail grades will not be accepted.
- 7. I have submitted high school transcripts** or official GED equivalency transcript** to the AACC Records Office or have confirmed that it is on file with AACC Records office.
- 8. I must submit final official transcripts** from previously attended colleges from which I am transferring courses toward the Medical Coding Program.
- 9. International students must submit official transcript evaluation report from <u>ECE</u>, <u>WES</u> or <u>The Evaluation Company</u> (formally Span Tran) to verify/authenticate college transcripts.
- 10. I understand that, if selected or placed on the waitlist, I must attend a mandatory applicant meeting. Date and time to be announced via email.

- 11. If I receive acceptance into the Medical Coding program, there will be additional program requirements to complete, including a <u>criminal background check</u>.
- 12. I understand that if information is missing from my student record, or application, my application will not be processed and will be considered incomplete. I will be notified by my AACC email once if required application information is not submitted.
- 13. I understand that my AACC email address is required for correspondence with AACC.

INTERNATIONAL STUDENTS

| TOEFLTEST | | | | | |
|--|-------------|------------------|----------------------------|-------------------------------|--|
| If you are an international student, there may <u>admissions</u> pages to learn more. Review AA exemptions for the TOEFL requirement. | | | | | |
| TOEFL | | | | | |
| Date taken: | Score: _ | | Where taken: | | |
| TRANSCRIPTS I acknowledge that I have submitted an official (formally Span Tran) for verification of my hig application submission. I used the following listed agency (from the list | h school ar | nd/or college ti | | | |
| PREREQUISITE COURSES Must be completed with a C or better prior to Medical Coding courses. | | | | | |
| COURSE | GRADE | CREDITS | COLLEGE WHERE COMPLETED | TERM AND YEAR COMPLETED | |
| BIO 231 Human Biology 1 and | | | | | |
| BIO 232 Human Biology 2 | | | | | |
| OR | | | | | |
| †BIO 233 Anatomy and Physiology 1 and | | | | | |
| BIO 234 Anatomy and Physiology 2 | | | | | |
| CTP 103 Theories and Applications of Digital Technology (formerly CTA 103) | | _ | | | |
| MDA 113 Medical Terminology | | | | | |

Note: It is your responsibility to indicate any courses listed above that you are currently enrolled in (IP) and/or plan to enroll in during the summer term.

^{**}Transcripts are considered official only when received by Anne Arundel Community College Records Office in the sending institution's original sealed envelope or by acceptable electronic submission.

[†] This course has a prerequisite of BIO 101.

| | | BACKGROUND INFORMATION |
|----------------------------|------------------------------|--|
| | and emaile | f questions for which you answer "yes" and provide documents relating to your answer in a sealed d to tdneall@aacc.edu or mailed separately to address on first page of this application, ATTN: |
| Yes | No 🔵 | Were you ever disciplined for any academic or behavior/conduct issue by any college, university, or any other educational institution after High School including, but not limited to, probation, dismissal, suspension, disqualification, or imposition of a failing grade as a disciplinary sanction? If your answer is yes, provide a written explanation and all relevant documents relating thereto. |
| Yes | No O | Have you ever been convicted of a crime, driving while intoxicated or impaired (either by alcohol or drugs), had your driving privileges suspended or revoked, and/or are there any pending charges regarding any of the above? If your answer is yes, provide a written explanation and all relevant documents relating thereto. |
| Yes | No | Have you ever surrendered your driver's license or had such license suspended or revoked? If your answer is yes, provide a written explanation and all relevant documents relating thereto. |
| Yes | No | Have you ever surrendered a professional license, certification, or registration, or had one restricted, suspended or revoked? If your answer is yes, provide a written explanation and all relevant documents relating thereto. |
| Yes | No O | Have you ever been placed on professional probation, had conditions or limitations placed on your ability to work even if your license had not been restricted, suspended, or revoked? If your answer is yes, provide a written explanation and all relevant documents relating thereto. |
| Yes | No 🔵 | Have you ever had your clinical privileges at any office or facility restricted, suspended, or revoked? If your answer is yes, provide a written explanation and all relevant documents relating thereto. |
| icense or m course work | nay deny th | ds for certain health care occupations, including Medical Coding, may deny, suspend, or revoke a e individual the opportunity to sit for an examination even if the individual has completed all program ermined that an applicant has a criminal history or is convicted or pleads guilty or nolo contendere to a crime. If applicable, it is recommended to contact national certifying boards for your program of |
| nformation o | n this application this prog | on on this application is true and accurate to the best of my knowledge. I have read and understand the ation. I am aware that falsification or misrepresentation may result in being denied admission, or if enrolled, ram. I understand that there are additional program requirements to be met after acceptance: criminal |
| | | or to submitting this application. This application must be completed in its entirety. by filling in my name below, it will be considered as my signature. |
| Signature: | | Date: |
| PRINT NA | .ME: | |

Notice of Nondiscrimination: