



AAPC Billing and Coding
Applicant Information
2016



Name: (First, Middle, Last) \_\_\_\_\_

Application Date: \_\_\_\_\_ Training Start Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Previous Experience (in the Healthcare field)

Are you currently working in the Healthcare field? \_\_\_yes \_\_\_No How long? \_\_\_\_\_

Where? \_\_\_\_\_

Are you knowledgeable in the following areas?

\_\_\_ Medical Billing and Coding # mo. Exp. \_\_\_\_\_

\_\_\_ Medical Terminology #mo. Exp. \_\_\_\_\_

\_\_\_ Anatomy & Physiology #mo. Exp. \_\_\_\_\_

To help us better assist you, how would you rate your current skills?

None Minimal Average Proficient

Do you have access to:

Computer \_\_\_ home \_\_\_ work

Internet \_\_\_ home \_\_\_ work

Are you currently a member of AAPC? \_\_\_\_\_

Which class do you want to enroll in? \_\_\_\_\_ Coding \_\_\_\_\_ Billing

I have read the information contained in this application. I certify the information provided is true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Method of Payment

\_\_\_ Check/Money Order \_\_\_ PO Number \_\_\_ \_\_\_ Visa \_\_\_ MasterCard \_\_\_ American Express

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ 3 Digit Security Code \_\_\_\_\_

Authorized Signature: \_\_\_\_\_