Medical In-patient Coding Certificate Program

APPLICATION INSTRUCTIONS

We strongly recommend that you read the application instructions prior to beginning the application process. All applications must be submitted online or via e-mail to
Joan.seawell@downstate.edu

What you need to complete your application:

1. Your unofficial transcript(s) from all post-secondary schools
2. If you were educated outside of the USA please have a copy of your detailed course-by-course education credential evaluation. If an *accredited USA college or university has already evaluated your overseas courses*, and the courses are listed on the college transcript individually with credit hours and grades, you may submit the USA College's transcript without a separate credential evaluation.
3. A copy of your resume
4. Upon submitting your application, you will receive an email within 24 to 48 hours to acknowledge the receipt of your application with payment instructions. Applications will not be processed until the application fee of $25 is paid.

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Application Deadlines and Timelines
Deadline for submitting a completed application for the Medical In-patient Coding Certificate program is September 12, 2014. An early application is encouraged. Applications received after the deadline will be considered on a space available basis.

The Admissions Committee considers the individual qualifications of each applicant. Decisions regarding admission are based on a number of factors, including, but not limited to, the following:
1. Prior academic performance
2. Completion of prerequisite courses and the grades received in those course
3. Letters of recommendation, communication skills, and motivation to pursue the profession
4. Successful completion of a pre-assessment of readiness (determine the qualification, experience, and literacy of all candidate applying)
5. Proficient in Microsoft Office Suite applications
6. Strong interpersonal, communication and problem solving skills
7. Must be able to attend classes full-time
8. Resume with past employment

Notification of Admission Status

Notification of admissions decisions is made only in writing. We cannot communicate an admissions decision over the telephone. Admissions decisions are final and are not subject to appeal or reconsideration. Once you are sent notification that your application has been sent to the Admissions Committee, please be patient and wait for written notification of your admissions status.

PLEASE E-MAIL REQUIRED DOCUMENTATION TO: *Joan.seawell@downstate.edu*

Medical In-patient Coding Registration

Please complete all the information requested on NON-DEGREE APPLICATION for the In-patient Certificate Program

Gender: ☐ **Male** ☐ **Female**   **Social Security Number (SSN):**

Name

Address

City   **State**   **Zip**

Telephone Day (   ) _____   **Evening (   )** _____

E-mail

In chronological order, list all educational institutions attended beginning with high school.
1. High School Name State Country, if not USA Dates of Attendance Graduation Date (month/year)

2. College/ University Name State Country, if not USA
Number of Credits Earned Dates of Attendance Degree Awarded Graduation Date (month/year)

3. College/ University Name State Country, if not USA
Number of Credits Earned Dates of Attendance Degree Awarded Graduation Date (month/year)

4. College/ University Name State Country, if not USA
Number of Credits Earned Dates of Attendance Degree Awarded Graduation Date (month/year)

Current Employer/City/State

Position/ Years employed

Please answer the following:	
1. What is your motivation for choosing this career/program? What do you hope to gain from this curriculum?	
2. How has your prior academic work or employment prepared you to pursue this profession?	
3. What do you think will be the most difficult part in enrolling in this program, if anything?	
4. How would you handle a scheduling challenge between work, home and your school responsibilities?	
5. What do you see yourself doing professionally; 3-5 years from the time you complete this program?	
6. What do you know about/thoughts about SUNY Downstate?	
7. How would you describe yourself; strengths/weaknesses?	

Which category describes you best? (Check One)

1. Are you Hispanic or Latino? ☐   Yes   ☐   No

2. Select one or more of the following five groups:

☐ American Indian or Alaskan Native ☐ Asian ☐ Native Hawaiian or other Pacific Islander ☐ Black or African American ☐ White

3. From what country or part of the world did you or your family originally come? _____

I hereby certify that all the information given in this application is accurate and complete. I understand that all the information contained in this application will be treated confidentially and will be used for institutional purposes only. I realize that failure to provide complete and accurate information may affect my admission. I understand that my application will not be considered until all necessary documents are received by the Office of Admissions.

_____ _____

Signature of Applicant & Date

PAYMENT OPTIONS

Card Number		Security code
Amount Authorized		
Exp. Date:		
Name on card if different from registration		

_____

Signature   **Date**

I hereby authorize SUNY Downstate to charge my credit card for the amount indicated above.

SUNY Downstate Medical Center
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