



Please use the space bar or mouse to advance to the next section when filling out the application

To which program are you applying

ONLINE **IN PERSON**

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: _____ Cellular Phone: _____

Email: _____

Please select one of the following:

- American Indian or Alaskan Native
- Black or African American
- Asian
- Native Hawaiian or Pacific Islander
- White
- Latino/Hispanic
- Other _____

Employment

Name of Current Employer: _____

City and State of Employment: _____

Position: _____ Years Employed: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

If you did not graduate from college, state how many years of post-secondary education you completed _____.

Application Supporting Questions

(1). What is your motivation for choosing this program?

(2). How has your prior academic work or employment prepared you to pursue this program?

(3). How would you handle the scheduling challenges that work, home, and your school responsibilities present?

(4). What are your strengths, and weaknesses?

Financial

Tuition for the entire certificate program is \$3,500. For payment arrangements please contact the Medical Billing and Coding Department at 718-270-7604. Fees do not include books. Cancellation fee is \$50.

FEES

- Registration Fee - \$30.
- Full Program - \$3,500.
- Per Course - \$438.
- ICD – 10 Certification Preparation - \$800.

To Pay by Credit Card or e-Check

Go to: <http://sls.downstate.edu/bursar/emarket.html> and choose “Continuing Medical Education”.

Disclaimer and Signature

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 the necessary documents are received by the Admissions Committee.

For any questions regarding the application and the Medical Billing and Coding Program you may call Dr. Lynette E. Hinds at 718-270-7604, or email her at lynette.hinds@downstate.edu

Please print your name:

Date:

If nothing happens after you hit the submit button, please save your completed application and email it as an attachment to SOHPDeansOffice@downstate.edu or lynette.hinds@downstate.edu. If sending by email, state "Application to the Medical Billing and Coding Program" in the subject line.