



Medical Coding Certificate Program Application

Application deadline is **June 1st**. Applications received after June 1st will be considered on a space available basis.

Prior to application to the MCC program, the following items must be completed. Please check the box beside each item as it completed.

- Yes No WSCC college application submitted to Admissions, if this is your first time to attend WSCC
- Yes No Student Re-entry Form submitted to Admissions, if you are a WSCC student who has not attended WSCC within the last 2 semesters
- Yes No Declared pre-HIT as your major in WSCC Admissions (MCC is pre-HIT)
- Yes No Official transcripts from each college previously attended have been submitted to WSCC Admissions **before June 1st**
- Yes No Proof of high school graduation (transcripts) or GED certificate submitted to WSCC Admissions
- Yes No Proof of ACCUPLACER Reading test score of at least 85 or COMPASS Reading test score of at least 79 (Taken within 3 years)
- Yes No Copies of unofficial transcripts from each college previously attended (including WSCC) have been attached to HIT Program application
- Yes No Reviewed WSCC Health Division Background ([Background Check Policy](#)) and Drug Screening Policy ([Drug Screening Policy](#))

COMPLETE ALL ITEMS LISTED BELOW

PLANNED YEAR OF ENTRY INTO MCC PROGRAM: _____ **WSCC STUDENT NO:** W_____

FULL NAME: _____
Last Name First Name Middle Initial Maiden Name

MAILING ADDRESS: _____ **HOME PHONE:** _____

City: _____ **CELL PHONE:** _____

State: _____ **Zip:** _____ **WORK PHONE:** _____

EMAIL ADDRESS: _____

HAVE YOU ATTENDED COLLEGES OTHER THAN WALLACE STATE? Yes No - If Yes, please list these below.

College	City/State	Diploma/Degree	Date
_____	_____	_____	_____
_____	_____	_____	_____

ARE YOU APPLYING TO OTHER WSCC ALLIED HEALTH /NURSING PROGRAMS? Yes No

If Yes, please list in order of preference for admission.

1. _____ 2. _____ 3. _____

WHAT IS YOUR ACCUPLACER (or COMPASS) Reading Test SCORE? _____ **Date taken:** _____

HAVE YOU COMPLETED ALL OF THE REQUIRED GENERAL EDUCATION CLASSES? Yes No

I CERTIFY THAT THE INFORMATION PROVIDED ON THIS APPLICATION IS COMPLETE AND ACCURATE:

Applicant's Signature

Date

Mail completed application to:
Medical Coding Program
Wallace State Community College
PO Box 2000
Hanceville, AL 35077

For Official Use Only

Date Application Received _____ Application Complete: ___ Yes ___ No

Application Reviewer's Initials _____ Additional documentation required:

Accept Decline **GPA:** _____