



Medical Coding Certificate Program Application

Applications deadline is June 1st.

Applications received after June 1st will be considered on a space available basis.

Prior to APPLICATION to the program, the following must be complete:

- Yes No WSCC college application submitted to Admissions (If first time to attend WSCC).
- Yes No Student re-entry form submitted to Admissions. (For WSCC students who have not attended WSCC within the last 2 semesters)
- Yes No Declared MCC major in Admissions Office
- Yes No Official transcripts (if applicable) from all colleges previously attended submitted to WSCC Admissions **before June 1**
- Yes No Proof of high school graduation (transcripts) or GED certificate submitted to WSCC Admissions
- Yes No Official COMPASS scores submitted to WSCC Admissions
- Yes No Any other documents required by Admissions
- Yes No Attach copies of unofficial transcripts from all colleges previously attended to program application (including WSCC)
- Yes No Your Initials Reviewed WSCC Health Division Background Policy (<http://www.wallacestate.edu/programs/health.html>)
- Yes No Your Initials Reviewed WSCC Health Division Drug Screening Policy (<http://www.wallacestate.edu/programs/health.html>)

Date of Application: _____ Plan to Enter Program: _____ Year _____

WSCC Student No.: _____ (If you do not know number, contact Admissions)

Full Name: _____
Last Name First Name Middle Initial Maiden

Mailing Address _____ Home Phone _____

City _____ Cell Phone _____

State _____ Zip _____ Work Phone _____

Email Address: _____

Do you plan to take online classes? Yes No Combination

Have you are applied to other health or nursing programs? If yes please list in order of preference for admission:

1. _____ 2. _____ 3. _____

Have you ever attended college? Yes No **If yes please fill in information below:**

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

Compass Test Score: _____ Reading (within last 3 years) ATTACH Copy of Compass score with program application.

Copies of all unofficial college transcripts (if applicable) MUST be included with program application (including WSCC).

Attach copies of high school transcripts (if no college)

I certify that the information on this application is complete and accurate. _____
Student signature Date

Mail completed application to:

Health Information Technology Program
Attn: Donna Stanley (#95)
Wallace State Community College
P. O. Box 2000, Hanceville, AL 35077-2000

For official use only:

Date Application Received: _____ Application Complete: Yes No
Application Reviewer's Initials: _____ Additional documentation required: _____