



# MEDICAL CODER/BILLER



The following items are required for your application to be considered complete:

- Copy of a valid driver's license
- Copy of Social Security card (name on card must match the name on driver's license)
- Copy of high school diploma or GED diploma
- Official, sealed high school transcripts
  - GED transcripts are required if you received your GED
  - **If you have your GED, official sealed high school transcripts are still required in addition to your GED transcripts, even if they are incomplete**
- Official college transcripts (if applicable)
- Copy of college diploma (if applicable)
- Completion of "My Career Shines" Career Assessment
- Essay telling why you are interested in the Medical Coder/Biller program and what you know about the Medical Coder/Biller profession
- TWO (2) completed Professional Recommendation Letters
  - ***References cannot be related to you; No family members, friends, boyfriends etc.***
- Complete questionnaire
- Read, sign, and date technical standards form
- Must attend ONE (1) Information Session
  - August 21, September 18, October 9, November 13, 2017
  - All Information Sessions are on Monday nights at 6:00 p.m.



## MEDICAL CODER/BILLER

The following will be required **IF** you are accepted into the Medical Coder/Biller Program:

1. TABE Test – This test is not required for admission, however, it must be completed within the **First Six Weeks** of class on your own time.  
(To schedule a testing appointment, please contact Student Services at (352) 671-4134.)
  - a. If you have earned an AA Degree or higher, the TABE test may be omitted.
  - b. If you have taken the CPT, PERT, ACT, or SAT within the last two years, you may also be exempt from the TABE test.
  - c. Due to the high volume of students, it is highly recommended to schedule your TABE test prior to the beginning of classes.
2. **MUST** bring in proof of your background check (we will provide paperwork upon acceptance) due in **first six weeks** of class.
3. **Must** have a physical within the last year due **first six weeks** of class.
4. **All Immunizations are optional but recommended:**
  - a. Hepatitis B, Tuberculosis, Measles Mumps Rubella (MMR), and Varicella Zoster (Chicken Pox)





## TECHNICAL STANDARDS

### HEALTH SCIENCE

Students who are accepted into the Health Science programs are required to be able to perform the following tasks:

- Walk the equivalent of five (5) miles a day.
- Grip, reach above shoulder level, bend at the knee, squat, stoop and crawl.
- Sit, stand for prolonged periods of time.
- Perform CPR/First Aid.
- Lift a minimum of 50 lbs.
- Manipulate small objects dexterously.
- Tolerate exposure to dust, fumes, chemicals, detergents, body fluids, and latex.
- Distinguish colors.
- See objects as small as 1mm.
- Hear subtle sounds, such as heart or lung sounds.
- Withstand varied environmental conditions such as heat, cold, and moisture.
- Cope with a high level of stress.
- Prioritize and make decisions fast under pressure.
- Cope with anger, fear, hostility and/or confrontation in a calm manner.
- Cope with death and dying.
- Concentrate.
- Be flexible and self directed.
- Problem solve.
- Demonstrate a high degree of patience and confidentiality.
- Communicate in writing and verbally.

By signing below, I acknowledge that I can perform all the tasks mentioned above.

Applicant Signature: \_\_\_\_\_

Print \_\_\_\_\_ Date \_\_\_\_\_

Marion County Public Schools

1014 SW 7<sup>th</sup> Road, Ocala, Florida 34471

TELEPHONE: 352.671.7219 • FAX: 352.671.7221 • WEBSITE: [www.mariontc.edu](http://www.mariontc.edu)

*Equal Opportunity Schools*



MARION TECHNICAL COLLEGE  
CHERYL SIRMONS, HEALTH SCIENCE ADMINISTRATOR

**HEALTH SCIENCE  
PROFESSIONAL RECOMMENDATION FORM**

(This form **MUST** be filled out by someone who is not related to you and who has known you for at **LEAST** a year. i.e. Former or current employer, religious affiliation, former or current teacher.)

\_\_\_\_\_ has applied to the \_\_\_\_\_ program at Marion Technical College. Please answer the following questions in reference to the above named individual.

In what capacity have you known this individual?

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How long have you known this individual? \_\_\_\_\_

In your interactions with this individual, do you feel this individual has any characteristics that would be beneficial in their chosen field of study? Explain.

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Additional Comments:

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\_\_\_\_\_  
Signature of Reference

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name of Reference

\_\_\_\_\_  
Contact Phone Number

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CHERYL SIRMONS, HEALTH SCIENCE ADMINISTRATOR

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\_\_\_\_\_  
Signature of Reference

\_\_\_\_\_  
Signature of Applicant

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Contact Phone Number

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