



School of Health Sciences

MEDICAL CODING

Rolling Admissions Program Application

Submit completed application to healthsciencesadmissions@aacc.edu (preferred) or via mail to Anne Arundel Community College (AACC), ATTN: School of Health Sciences 101 College Parkway, Arnold, MD 21012.

DEMOGRAPHIC INFORMATION

Last Name		First Name		Middle
Address				
City	State	Zip Code	County of Residence	
*Last 4 digits of social security #			College ID #	
Phone	_____@mymail.aacc.edu			

The mailing address you provide will be your address of record. It is your responsibility to notify the Health Sciences Admissions Office as well as the Records Office of name, address and phone number changes during the application process. Applicants are advised to check their AACC email account periodically for placement updates and notices.

ADMISSION/ACADEMIC REQUIREMENT CHECKLIST

Before completing this application, you must meet all of the requirements below.

1. I have an active admission status at AACC and am in Good Standing (≥ 2.0 GPA) with the college.
2. I am ENG 101/ENG 101A (Academic Writing and Research 1) eligible.
3. I am general mathematics eligible, or I have successfully passed the Arithmetic Placement Test (APT) or MAT 005 (Arithmetic).
4. I understand that all admission requirements, including prerequisites, must be completed by the end of summer term.
5. I understand that pass/fail grades will not be accepted.
6. I have submitted high school transcripts** or official GED equivalency transcript** to the AACC Records Office or have confirmed that it is on file with AACC Records office.
7. I must submit final official transcripts** from previously attended colleges from which I am transferring courses toward the Medical Coding Program.
8. International students must submit official transcript evaluation report from [ECE](#), [WES](#) or [SpanTran](#) to verify/authenticate college transcripts.
9. I understand that, if selected or placed on the waitlist, I must attend a mandatory applicant meeting. Date and time to be announced via email.

10. If I receive conditional acceptance into the program, I understand that final acceptance in the program shall be contingent upon satisfactory completion of a [criminal background check](#).
11. I understand that if information is missing from my student record, or application, my application will not be processed and will be considered incomplete. I will be notified by my AACC email once if required application information is not submitted.
12. I understand that my AACC email address is required for correspondence with AACC.

**Transcripts are considered official only when received by Anne Arundel Community College Records Office in the sending institution's original sealed envelope or by acceptable electronic submission.

INTERNATIONAL STUDENTS

TOEFL TEST

All international students whose native language is not English must successfully pass the TOEFL (Test of English as a Foreign Language) with a minimum score of 550 (213 is the equivalent computer score and 79 is the equivalent Internet-Based score) **OR** must completed ENG 101/101A **and** ENG 102 course sequence with grades of C or better prior to applying to the Medical Coding Program. AACC's code for TOEFL is 5019.

TOEFL Date taken: _____ Score: _____ Where taken: _____

OR

ENG 101/101A Semester/Year: _____ Grade: _____ Where completed: _____

and

ENG 102 Semester/Year: _____ Grade: _____ Where completed: _____

TRANSCRIPTS

I acknowledge that I have submitted an official transcript evaluation report from [ECE](#), [WES](#) or [SpanTran](#) for verification of my high school and/or college transcripts to the Records office prior to this application submission.

I used the above listed agency: _____

PREREQUISITE COURSES

Must be completed with a C or better prior to Medical Coding courses.

COURSE	GRADE	CREDITS	COLLEGE WHERE COMPLETED	TERM AND YEAR COMPLETED
BIO 231 Human Biology 1 and				
BIO 232 Human Biology 2 OR				
†BIO 233 Anatomy and Physiology 1 and				
BIO 234 Anatomy and Physiology 2				
CTP 103 Theories and Applications of Digital Technology (formerly CTA 103)				
MDA 113 Medical Terminology				

Note: It is your responsibility to indicate any courses listed above that you are currently enrolled in (IP) and/or plan to enroll in during the summer term.

† This course has a prerequisite of BIO 101.

BACKGROUND INFORMATION

Submit explanation of questions for which you answer "yes" and provide documents relating to your answer in a sealed envelope and emailed to tdneall@aacc.edu or mailed separately to address on first page of this application, ATTN: Tammie Neall.

Yes <input type="radio"/>	No <input type="radio"/>	Were you ever disciplined for any academic or behavior/conduct issue by any college, university, or any other educational institution after High School including, but not limited to, probation, dismissal, suspension, disqualification, or imposition of a failing grade as a disciplinary sanction? If your answer is yes, provide a written explanation and all relevant documents relating thereto.
Yes <input type="radio"/>	No <input type="radio"/>	Have you ever been convicted of a crime, driving while intoxicated or impaired (either by alcohol or drugs), had your driving privileges suspended or revoked, and/or are there any pending charges regarding any of the above? If your answer is yes, provide a written explanation and all relevant documents relating thereto.
Yes <input type="radio"/>	No <input type="radio"/>	Have you ever surrendered your driver's license or had such license suspended or revoked? If your answer is yes, provide a written explanation and all relevant documents relating thereto.
Yes <input type="radio"/>	No <input type="radio"/>	Have you ever surrendered a professional license, certification, or registration, or had one restricted, suspended or revoked? If your answer is yes, provide a written explanation and all relevant documents relating thereto.
Yes <input type="radio"/>	No <input type="radio"/>	Have you ever been placed on professional probation, had conditions or limitations placed on your ability work even if your license had not been restricted, suspended, or revoked? If your answer is yes, provide a written explanation and all relevant documents relating thereto.
Yes <input type="radio"/>	No <input type="radio"/>	Have you ever had your clinical privileges at any office or facility restricted, suspended, or revoked? If your answer is yes, provide a written explanation and all relevant documents relating thereto.

NOTE: Licensing boards for certain health care occupations, including Medical Coding, may deny, suspend, or revoke a license or may deny the individual the opportunity to sit for an examination even if the individual has completed all program course work, if it is determined that an applicant has a criminal history or is convicted or pleads guilty or nolo contendere to a felony or other serious crime. If applicable, it is recommended to contact national certifying boards for your program of interest.

I certify that the information on this application is true and accurate to the best of my knowledge. I have read and understand the information on this application. I am aware that falsification or misrepresentation may result in being denied admission, or if enrolled, dismissed, from this program. I understand that final acceptance into the Medical Coding program shall be contingent upon satisfactory completion of a criminal background check.

Please review prior to submitting this application. This application must be completed in its entirety. I understand that by filling in my name below, it will be considered as my signature.

Signature: _____

Date: _____

PRINT NAME: _____

Notice of Nondiscrimination:

AACC is an equal opportunity, affirmative action, Title IX, ADA Title 504 compliant institution. Call Disability Support Services, 410-777-1411 or Maryland Relay 711, 72 hours in advance to request most accommodations. Requests for sign language interpreters, alternative format books or assistive technology require 30 days' notice. For information on AACC's compliance and complaints concerning sexual assault, sexual misconduct, discrimination or harassment, contact the federal compliance officer and Title IX coordinator at 410-777-1239, complianceofficer@aacc.edu or Maryland Relay 711.