

CODES UNLIMITED HEALTHCARE ACADEMY (CUHA)

New Returning Student Enrollment Term Spring Fall Year 2010

Date: _____ Registration Date: _____ Interview Date: _____

Application should be return to: CUHA Admissions, 4458 Kayla Cove, Memphis, TN, 38141 or fax to (901) 366-3468

STUDENT INFORMATION Student ID No.: _____ (Office use only)

Name (legal) Last: _____ First: _____ Middle initial: _____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone () _____ Cell and/or alternative number () _____

Date of Birth: _____ / _____ / _____ Social Security No. _____ / _____ / _____
Month/Day/Year

Current Employer Name: _____ Current Job Title: _____

Employer Address: _____ City: _____ State: _____ Zip Code: _____

Employer Phone () _____ Employer Fax () _____

Full-time Part-time Unemployed

E-mail: _____ Referral Name: _____

Gender: Male Female Ethnic Origin: _____

Program: Professional Medical Coding Curriculum (PMCC) Traditional Online

EMPLOYMENT Resume Required Check appropriated box :

Do you have any other Coding/Billing experience (CPT or ICD-9 or HCPCS or combination)? Yes No
(e.g. textbooks used) List any other work experience related to medical coding and/or allied healthcare. Resume is required to reflect this experience

Employer: _____
Specialty _____
How many year(s) or month (s)? _____ (please state years or months)

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WHAT ARE YOUR OBJECTIVES? Check all that apply

- To become certified coder A better paying job
- To change career To be promoted
- To become knowledgeable in other coding specialties
- To expand knowledge in CPT, ICD-9, or HCPCS
- Other: _____

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EDUCATION High School (Required) OR Associate (Required)

Submit Official High School and/or Degree Transcript

- CUHA Admissions, 4458 Kayla Cove, Memphis, TN 38141

Print your name as it appears on your high school transcript: _____

Location (City/State): _____ Graduation Date: Month/Year: _____

Previous Post-Secondary, College, or University: If you require more space, please attach a separate sheet.

Full Name of College	City & State: (Memphis, TN)	Dates of Attendance	Did you graduate? Yes or No	If yes, degree earned & date (AS, BA/BS, MS, Phd, MD)

Print your name as it appears on your college transcript: _____

Have you had Medical Terminology?

Yes No

Certificate and/or transcript must be attached

Yes No

Month and Year received: _____

Name School or Employer: _____

Have you had anatomy and physiology?

Yes No

Certificate and/or transcript must be attached

Month and Year: _____

School(s): _____

Have you attended any medical coding classes or seminars (CPT or ICD-9 or HCPCS or combination)?

Yes No

Month and Year: _____

Agent/ Presenter(s): _____

CERTIFICATION STATUS

ARE YOU CERTIFIED?

Yes No

CPC

Yes No

CPC-H

Yes No

CPC-P

Yes No

CCA

Yes No

CCS

Yes No

CCS-P

Yes No

Are you a member of AAPC or AHIMA?

Yes No

If yes, please state member ID number _____

Other: _____

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STUDENT SHOULD INITIAL EACH SECTION WHEN COMPLETED

_____ Toured the institution **Date Toured** _____ (occurs first day of class)

_____ Received an institutional catalog **Date Received** _____

_____ Student has been given the time and opportunity to review the institutional policies in the catalog. Student should refer to web site.

_____ Student has been informed of the length of the program for full time and part time students in the academic terms and actual calendar time

_____ Student has been informed of the total tuition and fee cost of the program

_____ Student has been informed of the estimated cost of books and any required equipment purchases such as a stenography machine, computer, specialized tools, art supplies etc.

_____ Student has been given a copy of the institutional cancellation and refund policy

_____ Student understands what "transferability of credits" means and the specific limitations (if any) should the institution have articulation agreements

_____ Student has received and signed the Transferability of Credit Disclosure form

_____ Student has been informed that any grievances not resolved on the institutional level may be forwarded to the Tennessee Higher Education Commission, Nashville, TN 37243-0830, (615) 741-5293.

2009 GRADUATION PLACEMENT DATA:

For the program entitled PMCC, I have been informed that for the July 2008 / June 2009 period, the withdrawal rate is 10.7%, the completion rate is 89.3 %, and the in-field placement rate is 100%. Detailed statistical data for this program may be viewed by going to <http://state.tn.us/thec>: click on the institutions tab, then click "Authorized Institutions Data" button.

Student must read the above statement and initial: _____

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Student must read the below statement, then date and initial:

_____ Date: _____

The disclosure on the transferability of credits shall be as follows:

Credits earned at [Codes Unlimited Healthcare Academy] may not transfer to another educational institution. Credits earned at another educational institution may not be accepted by [Codes Unlimited Healthcare Academy]. You should obtain confirmation that [Codes Unlimited Healthcare Academy] will accept any credits you have earned at another educational institution before you execute an enrollment contract or agreement. You should also contact any educational institutions that you may want to transfer credits earned at [Codes Unlimited Healthcare Academy] to determine if such institutions will accept credits earned at [Codes Unlimited Healthcare Academy] prior to executing an enrollment contract or agreement. The ability to transfer credits from [Codes Unlimited Healthcare Academy] to another educational institution may be very limited. Your credits may not transfer and you may have to repeat courses previously taken at [Codes Unlimited Healthcare Academy] if you enroll in another educational institution. You should never assume that credits will transfer to or from any educational institution. It is highly recommended and you are advised to make certain that you know the transfer of credit policy of [Codes Unlimited Healthcare Academy] and of any other educational institutions you may in the future want to transfer the credits earned at [Codes Unlimited Healthcare Academy] before you execute an enrollment contract or agreement.

(Tennessee Code Annotated, Title 49, Chapter 7, Part 1, § 49-7-1__.)

If admitted, I pledge to comply with all the rules and regulations stated by the Codes Unlimited Healthcare Academy's catalog. I realized that any misleading information on this application may be cause for dismissal.

Signature of Student: _____ Date: _____

Signature of Director _____ Date: _____