Medical Coder/Biller Program Application

Checklist/Cover Sheet

Please complete this checklist and include it as the cover sheet for your application packet. Your application packet is not complete unless all required items are checked. **The application packet and all fees must be paid 10 days prior to the start of the program.**

Completed application packets may be returned to the St. Petersburg campus Guidance Office during regular office hours:

Monday and Wednesday from 7:30 am to 2:30 pm
Tuesday and Thursday from 7:30 am to 5:30 pm
Closed for lunch Monday – Thursday from 11:30 am to 12:30 pm
Friday from 7:30 am to 12:00 pm

Please do NOT mail, fax or email any paperwork from this packet to Pinellas Technical College.

Applicant Name: _____

Address: _____

Email: _____   Phone: _____

√	Required Items in Order
	Application Checklist/Cover Sheet
	Copy of TABE scores or documentation of AA/AS degree or higher
	Reviewed Essential Job Functions for coding and billing
	Completed copy of the Application for Health Science programs
	Completed SmarterMeasure assessment (print both pages)
	Completed EZ Finger Prints Background Check (instructions enclosed); submit a copy of your receipt
	Signed and dated Confidentiality Statement
	All fees should be paid 10 days prior to the start of the program, including $15 application fee
	Application for Certificate & Request for Transcript (to be submitted upon completion of the program)

If you have any questions, please contact Arilee Still, Guidance Counselor, at 727-893-2500, extension 2523 or stilla@pcsb.org.

Pinellas Technical College

ESSENTIAL JOB FUNCTIONS
Medical Coder/Biller

Basic Skills

Math – Grade 9   Language – Grade 11   Reading – Grade 11

Health and Safety Requirements
- Ability to recognize and use good ergonomics to maintain own health

Mental Factors
- Ability to comprehend the English language and understand it's structure and function
- Ability to use relevant information and individual judgment to determine whether events or processes comply with laws, regulations, or standards
- Ability to compile, code, categorize, calculate, tabulate, audit, or verify information or data
- Possess knowledge of clerical procedures and systems

Personal Qualities
- Possess the qualities of good ethics, honesty, reliability, responsibility, and dependability
- Possess sensitivity to others' needs and feelings and understanding and helpful on the job

People Skills
- Ability to communicate with supervisors and peers by telephone, in written form, email, or in person
- Possess the qualities of good ethics, honesty, reliability, responsibility, and dependability
- Ability to develop and maintain constructive and cooperative working relationships with others
- Ability to be open to change (positive or negative) and to considerable variety in the workplace

Physical Requirements
- Ability to make precisely coordinated movements of the fingers of one or both hands
- Ability to see details at close range
- Ability to identify and understand the speech of another person
- Ability to sit for long periods of time

Working Conditions
- Ability to perform repetitive motions over long periods of time
- Ability to give attention to details and be thorough in completing tasks
    Ability to be self-motivated, reliable, responsible, dependable, and fulfill obligations

Health Science Program Application

Pinellas Technical College – St. Petersburg Campus

Personal Information

Name (please print) Last_____ First_____ MI____

Street Address_____

City_____ State_____ Zip _____

Telephone (home) _____ (cell) _____ (work) _____

Email address _____

Emergency contact (name, address and phone number) _____

_____

Educational Background

Indicate highest level of education: HS diploma, GED, A.S., A.A., B.A., B.S., M.A., M.S., PhD.

Major in college_____

Other training/education in medical and/or health care. If yes, list type of training and length of time in the

medical field. _____

_____

Work Experience

List work experience for the last *three* years, listing your MOST RECENT employment first.

Job Title	Dates	Name of Business	Reason for Leaving

If you are currently working:
Name of Company_____

Address_____

Work Phone Number_____

Job Title_____ Supervisor's Name_____

Are you ready for Online Learning?

- It is imperative that you, as the applicant for the online Medical Coder/Biller program, complete the SmarterMeasure assessment yourself without assistance from any other persons

- SmarterMeasure is an indicator of the degree to which distance learning will be a good fit for you

- SmarterMeasure will help you prepare to be successful as a distance learning student

- You are not penalized for guessing

- The score report provides an understanding of your strengths, opportunities for improvement, and resources to help with success

- There is no charge

- Go to the Applications, Forms, Etc. page to download additional information on the READI assessment

- Website Address: http://myptec.smartermeasure.com/

- Username: ptecmtp

- Password: mtp2010

- Include a copy of the first three pages of your report in you application packet

**INSTRUCTIONS FOR OBTAINING YOUR BACKGROUND CHECK
FOR A CLINICAL EDUCATION PROGRAM**

To begin the fingerprinting process, you will need to supply EZ Finger Prints with a valid driver's license and social security card. Identify yourself as a Pinellas Technical College student. You do not need to know the ORI or OCA code numbers.
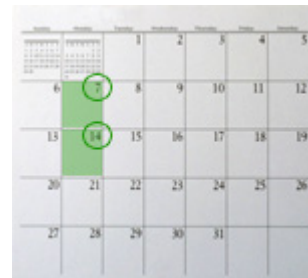
Prints are taken using the Live Scan, which scans the fingerprints electronically. No need for messy black ink.

Once the fingerprints are scanned, we send them to the FDLE, which then sends them to the appropriate governing agency, i.e. AHCA or DCF. No need for mailing.

The fingerprinting process results take approximately 7-14 days, depending on the agency.

You may walk in or schedule an appointment with EZ Finger Prints at **www.ezfingerprints.com** or call 727 479-0805.

EZ Finger Prints is located at 1715 East Bay Drive, Suite B, Largo, Florida, 33771.

The cost is $45.00. Cash, personal checks, and credit cards are accepted. (VISA, MC, AmX); call to learn about the voucher payment process. Ask about the new service…Drug Screening!

We cannot determine if previous offenses will or will not clear the background check. The results will be sent directly to the School Board's Administration Building and you will be contacted only if there is a problem.

HEALTH SERVICES STUDENT FINGERPRINT REQUEST FORM / RECEIPT

Instructions for REFERRING COMPANY (If applicable):
- Give this completed REQUEST FORM/RECEIPT to individual to be fingerprinted

Instructions for INDIVIDUAL:
- Review and complete **SECTION 1** below
- You can make an Appointment **OR** You can Walk-In (no appointment needed)
- To Make an Appointment → Call **(727)479-0805** or go to **www.ezfingerprints.com**
- For Walk-Ins → Call **(727)479-0805** and let us know you are coming
- Go to **EZ Fingerprints** at **1715 East Bay Drive, Suite B, Largo, Florida, 33771**
- **BUSINESS HOURS** - Monday thru Friday 8:30 AM-5:00 PM
- **Remember to bring the following with you:**

1. This completed REQUEST FORM/RECEIPT
2. Your Driver's License
3. Your Social Security Card

SECTION 1: TO BE COMPLETED BY **INDIVIDUAL**

Individual Name _____

Reason for Screen: ☐ Employment ☐ Volunteer ☐ Other → _____

What Company is this screening for?   VECHS – PINELLAS COUNTY SCHOOL BOARD

_____

SECTION 3: FOR **EZ FINGERPRINTS** USE ONLY

TCN # _____   R # _____   _____

Payment Method: *(Circle One):* Check / Cash / Credit Card   _____

Screen Date _____ ☐ Pend for Payment   Submission Date _____

EZFP Rep Signature _____
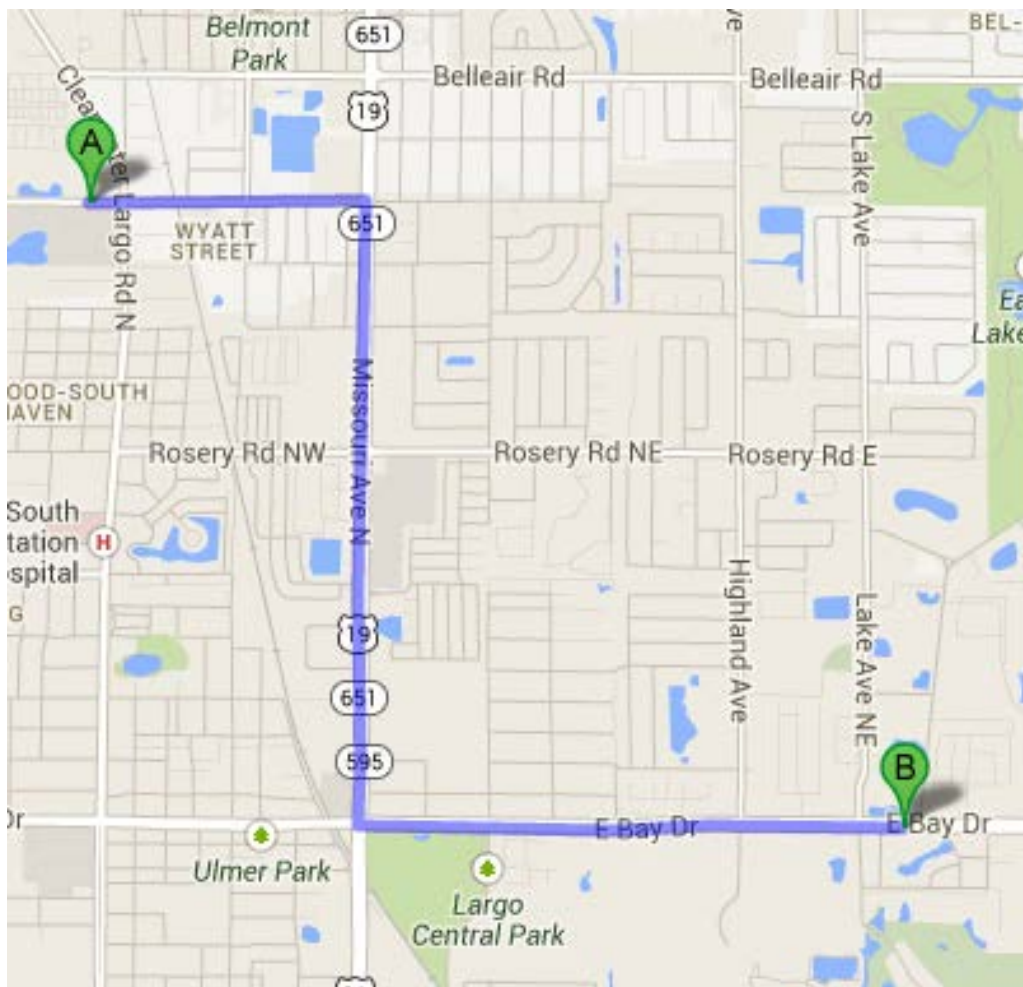
Pinellas Technical College Confidentiality Statement

The Health Science programs at Pinellas Technical College expect its students to represent the school in a manner that reflects high standards of personal integrity, education and service to patients.

As a student in the Medical Coder/Biller program, you will conduct yourself according to the highest ethical standards. Underlying principles are based on common courtesy and ethical/moral behavior. These are essential for you to grow professionally and to receive the desired trust and respect of all members of the health care profession.

I agree to the following items:
- Will not discuss patients or any identifying data in public settings such as cafeterias, elevators, hallways, over the phone, with family or friends, with other patients, or where patients might overhear you.

- Discussion of your patient should only occur in approved settings such as giving or taking reports or in clinical conference.

- Use patient initials in all discussions and on written documents.

- Destroy all notes and computer generated papers after completing your daily assignment.

- Protect the integrity of the medical record and do not photocopy material from the medical record.

- If there are concerns about patient confidentiality, check with your instructor to obtain guidance.

I acknowledge that I have read and understand the above confidentiality procedures.

_____
Student Signature

_____
Print your name

_____
Date

Pinellas Technical College

APPLICATION FOR CERTIFICATE & REQUEST FOR TRANSCRIPT

NAME: (PLEASE PRINT): _____
Your name will appear on the certificate just as you have written it here.

Month   Day   Year   (Display year in 4 digits. Example: 1985—not just 85)

GENDER: Male_____   Female_____   **BIRTH DATE:** _____/_____/_____
XX   XX   XXXX

ADDRESS: _____ **CITY:** _____ **ZIP:** _____
Two copies of your transcript will be sent with your certificate.

EMAIL ADDRESS _____

SOCIAL SECURITY NUMBER: _____ **TELEPHONE:** _____

PROGRAM TITLE: _____ **DATE STUDIES COMPLETED:** _____

STUDENT FOLLOW-UP: Please provide information here or within 60 days to your instructor. Feel free to use email.

Are you entering military service?   O No   O Yes
Are you continuing your training/education?   O No   O Yes, where? _____
Are you presently employed?   O No   O Yes, job title? _____
When did you begin work? _____   Is the work related to your training?   O Yes   O No
Please provide the following information about your job:
Company Name: _____   Phone Number: _____
Address: _____   Supervisor's Name: _____
City, State, Zip: _____

Participation in the graduation ceremony is dependent upon the successful completion of all requirements within your technology as well as completing all requirements of the school. Federal law (FERPA) requires the student's signature to release any student information.

Student Signature: _____   **Date:** _____

Student Educational Records Manual (Electronic Edition) c 2004, page 16 "The release of any student educational record or any personally identifiable information without the written consent of the parent of a student (under 18) or the adult student is prohibited. The consent must include the reason for the release, specify the records to be released, and identify to whom the records are being released."

Instructor: Check One and sign below: Student is eligible to receive the following:

_____**Certificate of Program Completion** This certificate is awarded to a student who meets state literacy requirements and satisfactorily completes all required occupational completion points for a state identified career technology program.
_____**Certificate of OCP Completion** This certificate is awarded to a student who does not complete all program OCPs – courses. State literacy requirements must be met for all completers of terminal completion points.
_____**Certificate of Attendance** This certificate is awarded upon request to a student who satisfactorily masters a required series of tasks but has not yet completed an occupational completion point (OCP)

Certificates are not printed until all paperwork is updated and the withdrawal is emailed. The process can take up to two weeks. The process includes verification of completion, tuition payments, printing, signatures and mailing.

Instructor's Signature: _____   **Date:** _____

Student: Signature required by each department before leaving this form with the Records Office.

_____ **Guidance:** (Student has taken and passed the TABE test.)

_____ **Financial Aid**: (Student understands the responsibility for the repayment of student loan obligations from any institution of higher learning. No academic transcripts will be released if student is in default of student loan obligations. If Pell has been designated as payor of tuition, was all tuition deducted from Pell Checks? Does student owe money back to Title IV?) **EXCLUDED are Fire Academy, Off Campus Classes, Apprenticeship, and CVD students.**

_____ **Media Center:** (All books/materials cleared.)   _____ **Completer Survey:** (Student has completed the exit survey.)

_____ **Records:**   (Student has paid registration forms for all terms, transcript is complete and file is updated.)

Date Sent: _____   Clerk: _____