



## **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 7:00 am to 2:00 pm

Tuesday and Thursday from 7:00 am to 7:00 pm

Friday from 7:30 am to 1:00 pm \*Not open Fridays during the Summer term\*

**Please do NOT mail, fax or email any paperwork from this packet to PTC.**

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

√	Required Items in Order
	Application Checklist/Cover Sheet
	Copy of CASAS, TABE and/or Wonderlic scores or Official transcript of AA/AS degree or higher
	Reviewed Essential Job Functions for coding and billing
	Completed copy of the Application for Health Science programs
	Completed READI test (print both pages)

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



## **ESSENTIAL JOB FUNCTIONS**

### **Medical Coder/Biller**

#### **Basic Skills**

Reading – 11.0

Language – 11.0

Math – 9.0

#### **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**  
**Medical Coding and Billing**

**Personal Information**

Name (please print) Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (home) \_\_\_\_\_ (cell) \_\_\_\_\_

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 READI for Online Learning?

- It is imperative that you, as the applicant for the online Medical Coding and Billing or the Medical Record Transcribing program, complete this assessment yourself without assistance from any other persons
- READI is an indicator of the degree to which distance learning will be a good fit for you
- READI 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.readi.info>
  - Username: ptecmtp
  - Password: mtp2010
- Include a copy of the first two (three based on printer set up) pages of your report in your application packet