



# Medical Billing and Coding Training Program Mandatory Requirements

- Registration Form
- Application for Training
- High School Diploma/GED
- Reading & Math Assessment
- Online HIPPA Course  
*cf.rcgc.edu/hipaa/assessment*

*I understand that all the above documentation must be submitted to the Career & Technical Education Division for enrollment into the Medical Billing & Coding Training Program.*

Student Name: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

RCSJ CTE Representative: \_\_\_\_\_

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

Date: \_\_\_\_\_





## CTE Allied Health Program Application

### Section 1: Student Information

Full Name: \_\_\_\_\_ Maiden/Other Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Email Address: \_\_\_\_\_ SS#: \_\_\_\_\_

Phone: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Do you have a High School Diploma or GED?  Yes (Please attach copy)  No

### Section 2: Program Selection and Status

I am applying for admission to:

### Section 3: Immunizations and Tests

Program:	Check	Dates
Certified Clinical Medical Assistant		
Certified Nursing Assistant		
Patient Care Technician		
Certified Phlebotomy Technician		
Medical Billing & Coding		
Pharmacy Technician		
Central Service Technician		
Medical Administrative Assistant		
Other:		

**Only for:** Certified Clinical Medical Assistant, Certified Patient Care Technician, Phlebotomy Technician, Certified Central Service Technician and Pharmacy Technician. Please attach a copy of your physical and immunizations as necessary.

Vaccine	Dose-Date
Hepatitis B	1.
	2.
	3.
PPD Test Results (mm)	Date*:
MMR vaccination/Titer	Date:
Varicella vaccination/Titer	Date:
Flu Vaccine	Date: <span style="float: right;"><b>Verification Required</b></span>

\*Tuberculin test cannot be older than one year.

C.N.A Immunizations and Tests – **See C.N.A Requirements Packet**

Continues on next page

Physician's Signature & Date: \_\_\_\_\_



## Section 4: Acknowledgments

**Externship (Only for Certified Clinical Medical Assistant, Certified Phlebotomy Technician, Certified Patient Care Technician and Central Service Technician – Initial after each.):**

- **I understand** that if my program requires an externship, I will be required to complete all required hours before I will be considered a “graduate” of the program. \_\_\_\_\_
- **I understand** that my externship site could be within up to 30 miles of the school. \_\_\_\_\_
- **I understand** that most externship sites only offer externship during weekday hours and may not have the availability to provide evening or weekend hours. \_\_\_\_\_
- **I understand** that if I decline an externship site, the college’s obligation regarding externship has been met and I will have to find my own externship placement. \_\_\_\_\_
- **I understand** that if I am dismissed from an externship site, I will meet with the Director of Career and Technical Education and must find my own externship placement. \_\_\_\_\_
- **I understand** that if I don’t have a minimum of a “C” average or an 85% attendance record that I may not be eligible for externship placement. \_\_\_\_\_
- If I am not in good financial standing with the College, I will not be able to be placed on externship until paid in full. \_\_\_\_\_
- **I understand** that I will need to submit proof of being fully vaccinated against COVID-19 in compliance with externship site requirements. \_\_\_\_\_

### **Certification Exams and Licensures (Initial after each):**

- **I understand** that Rowan College of South Jersey makes no guarantee that students who complete training will pass the national certification exam and licensures (*if available*). \_\_\_\_\_
- **I understand** that Rowan College of South Jersey will only pay for my first attempt at the national certification exam and licensure. All retests are my responsibility. \_\_\_\_\_

### **Release of information**

I, (print name) \_\_\_\_\_, authorize Rowan College of South Jersey Career and Technical Education to conduct a search and to release all my records pertaining to my criminal history, which includes my name, social security number, date of birth, address, and student ID number to the authorized background check agency of their choice.

I understand that the use of my records is limited to any audit and the evaluation of continuing education programs, to any potential externship preceptors, and in connection with the enforcement of federal and/or-state laws.

My signature is an acknowledgment that I have read and voluntarily consent to the release of the above-mentioned information.

Student Signature: \_\_\_\_\_

### **Refund Policy**

There will be a 100% refund for withdrawals before the first day of class. A 50% refund for withdrawals on the first day of class. No refunds after the first day of class.

I understand and agree to the above terms and conditions:

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## **CTE Acceptance of terms of Drug and Alcohol Use Policy**

It is strictly forbidden to be under the influence of alcohol, illegal narcotics, chemicals, psychedelic drugs or other controlled substances by an individual engaged in college related activities.

It is expected that students will come to class, laboratory and externship in a condition fit for the competent and safe performance of their duties and that such fit condition will be maintained throughout the scheduled time. The objectives of this policy are to identify the impaired students, maintain an environment that allows students to enjoy the full benefits of their learning experience and ensure safe, competent client care.

Faculty are accountable for ensuring that students are in fit condition to participate in program related activities and for taking prompt, appropriate and decisive action whenever a student seems to be impaired. Students who arrive in the classroom, lab, externship location or other assigned area and are considered by their instructor to be impaired may expect to:

- Have their behavior witnessed and documented
- Be questioned in private as to the nature of their problem
- Be asked to undergo a medical evaluation (which includes blood alcohol level and/or urine testing) in an Emergency Room or laboratory facility and have their behavior witnessed by another healthcare professional
- Meet with the Director of Career and Technical Education
- Be referred for counseling
- Be dismissed from their program of study
- Be ineligible for readmission

When a student is in possession of or using alcoholic beverages or illegal or unprescribed controlled chemicals on college or externship properties, the student may be assigned a grade of "F" and be dismissed from their academic program. I have read and understand the Career and Technical Education's Drug and Alcohol Use Policy.

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*Signature:*

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*Date:*