



All About Coding Education and Training

Student Enrollment Assessment

Name of Student (Last name, first, middle initial)

Home/Cell Number

Street Address

City, State, Zip

Certifications: _____ E-mail: _____

Courses Completed: (Enter N/A if not completed)

Anatomy & Physiology Grade: _____ Where Attended _____

Medical Terminology Grade: _____ Where Attended _____

EDUCATION:

Type of School	Name and Address of School	Attended From To	Major and Minor	Degree Received
High School				
College				
Graduate				
Other				

Student Enrollment Assessment Con't

3620 Evans To Locks Rd o Martinez, GA 30907

Phone: (706) 513-6222 * Fax: (706) 860-1180



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EMPLOYMENT EXPERIENCE: *(List only Health or HIM related positions: list additional positions on a separate sheet if needed).*

Position 1	Employer and Address	From: To:	Duties
Hours Per Week			
Position 2	Employer and Address	From: To:	Duties
Hours Per Week			
Position 3	Employer and Address	From: To:	Duties
Hours Per Week			

****I certify that all of the data and information in this application are true, complete and correct to the best of my knowledge and belief. ****

Student Signature

Date