Personal Information:

Name: _____

Present Address: _____
City: _____   *State:* _____   *Zip:* _____

Phone: Home: _____ *Cell:* _____ *Work:* _____

Permanent Address (if different than present) _____
City: _____   *State:* _____   *Zip:* _____

Date of Birth: _____ *Social Security No:* _____
Email: _____

I have received my High School diploma or GED. Yes _____ No_____

Student need to be prepared submit proof of diplomas. If student is not able to produce a diploma, GED or other form of higher education, they may submit two letters stating they are competent and knowledgeable to understand material and complete the course.

Course Registration:

CPC:_____

     Classroom _____

          Tuesday evening starting date: _____

          Thursday evening starting date: _____

     Online: _____

          Wednesday starting date:_____

Deposit of $250.00 is required with registration form to secure a place in class. Deposit will be applied to tuition.

CEMC_____

    Credentials: _____

    AAPC Member ID: _____

    Starting date: _____

Anatomy & Medical Terminology _____ Starting Date: _____

ICD-10 _____ Starting Date: _____

*All students **MUST** attend orientation.*

Please plan on allowing approximately six to eight hours of home study time per week.

MAIL REGISTRATION FORM AND DEPOSIT TO:
Advanced Coding Services
2929 N 44th Street
Suite 202
Phoenix,AZ 85018

If you have any questions please contact:

Beth Schleeper, CPC, CPCO, CPMA, CPPM, CPC-I, CEMC
602-469-1193
beth@advancedcodingservices.com