

# REIMBURSEMENT SPECIALIST

PROFESSIONAL MEDICAL CODING COURSE

ONLINE via ZOOM

SPRING TERM 2026

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Phone \_\_\_\_\_

Mobile \_\_\_\_\_

Email \_\_\_\_\_

Employer / Occupation \_\_\_\_\_

Last grade completed: \_\_\_\_\_

Certifications / Licenses you now hold \_\_\_\_\_

Certification for which you are preparing \_\_\_\_\_

How did you find us? (circle one)  AAPC  Yelp  Google  Merchant Circle

Referred by: \_\_\_\_\_

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Circle the following if you have taken a course or have experience:  
(these are not pre-requisites)

Medical Terminology

Human Anatomy and Physiology

Healthcare Compliance

Medical Records

Billing

Coding

In the space provided below, explain why you are taking this course:

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