



ALLIED HEALTH STUDENT NAME: _____
CONTINUING EDUCATION STUDENT ID/V#: _____

MEDICAL CODING

ADMISSION REQUIREMENTS

Every item listed must be met and submitted to apply

- Completed Allied Health Continuing Education Registration Form attached to this packet; which may also be located online at www.VictoriaCollege.edu/HealthCareProfessions
- Photocopy of Driver’s license or state issued ID
- Applicant must provide a valid email address, as this will be how applicant will be contacted
- High School diploma or GED is not required to take course, but must be acquired within one year of program completion to receive certification.
- Financial Aid (FAFSA) completion, if applicable, is required prior to turning in application. Payment is due at time of registration – The cost of the course is \$860 which includes tuition and textbook.

**FAFSA Confirmation Number or write “Private Pay” ** _____

(Required, if applicable)

** Please, write “Private Pay” above if choose to pay out of pocket. No payment plans are available.

ONLY COPIES WILL BE ACCEPTED. RECORDS SUBMITTED FOR APPLICATION PROCESS ARE NOT MAINTAINED. IT IS IMPORTANT APPLICANT KEEPS ORIGINAL DOCUMENTATION.

- Dear Applicant: Due to lack of physical space, the AHCE office will only accept copies of records submitted for the current application process. After the process ends, all documentation is shredded to maintain confidentiality. Therefore, it is imperative you maintain your original records. Additionally, it is very important that all applicants understand that acceptance of an application does not automatically guarantee a seat in the course. Each class has a minimum enrollment requirement and is subject to cancellation if not met. Also, please note, that all required documentation must be submitted by the deadline for consideration. All dates/deadlines can be located at www.victoriacollege.edu/healthcareprofessions. Lastly, applicants are required to notify the Allied Health CE staff of any change with their contact information. If we are unable to contact you, it could result in the loss of your enrollment status for the course. Applications are only valid for enrollment period. If you have any questions please contact the AHCE staff for guidance. Thank you.

ALLIED HEALTH CE Contact Numbers: (361) 582-2412; (361) 582-2420 or (361) 572-6443

View current schedule at www.VictoriaCollege.edu/HealthCareProfessions

**For staff use: All required documents reviewed and approved by:

Staff signature: _____ Date Received _____



ALLIED HEALTH **STUDENT NAME:** _____
CONTINUING EDUCATION **STUDENT ID/V#:** _____
MEDICAL CODING
ADMISSION REQUIREMENTS

Every item listed must be met and submitted to apply

FINANCIAL AID

- To apply for Financial Aid, complete the Free Application for Federal Student Aid (FAFSA) online at <https://fafsa.ed.gov/> or in the Financial Aid office located in the Student Services Building, Room 108.
NOTE: You will need your income tax return for the previous year to complete this application.
- One week after FAFSA submission, you will need to contact the Financial Aid office at (361) 572-6415 or FinancialAid@VictoriaCollege.edu to follow-up on the status of your application. If selected for verification, additional documentation may be required.
- Please allow 4-6 weeks for processing. Financial Aid must be approved prior to course registration.

IMPORTANT INFORMATION

- After my application is accepted and verified, it is my responsibility to notify the Victoria College Allied Health CE Office (361) 582-2412 of any changes in my address or telephone number, or status.
- The Allied Health CE office will not give copies of information back to the student.
- The Allied Health CE program admission policies are based on published college policies; Victoria College does not discriminate on the basis of race, color, religion, national origin, gender, pregnancy, age, disability, genetic information, marital status, amnesty, veteran's status, or limited English proficiency. It is our policy to comply, fully, with the nondiscrimination provision of all state and federal rules and regulations.



ALLIED HEALTH STUDENT NAME: _____
CONTINUING EDUCATION STUDENT ID/V#: _____

**MEDICAL CODING
 ADMISSION REQUIREMENTS**

Every item listed must be met and submitted to apply

Allied Health Continuing Education Registration Form

This form may be emailed, mailed through USPS, or delivered in person. (DO NOT FAX)

Allied Health - CE Programs
 2200 E. Red River Street
 Health Sciences Center, Suite 136
 Victoria, TX 77901
 Phone: (361) 582-2412
 HealthCareers@VictoriaCollege.edu

Office use only – Term/CRN: _____

Student V# _____ Course Title _____ Date of Class(es) _____

*Last Name _____ *First Name _____ MI _____ Sex _____ Primary Phone # _____ Work Phone # _____

*Social Security Number _____ *Date of Birth _____ Employer _____

Mailing address _____ City, State, Zip _____ County of Residence _____

*Email address (REQUIRED) _____ If HS graduate please provide Year & HS attended _____

- I certify that all statements are true and correct.

*Signature: _____ *Date: _____ *Required

Demographic Information (These questions are used by the state to help provide support for VC programs. Not required, but cooperation is appreciated)

- Please indicate your ethnic origin (check one): African American _____ Alaskan Native/American Indian _____
 Asian or Pacific Islander _____ Hispanic _____ White _____ Non-Resident Alien _____ Other (indicate) _____
- Highest level of education (check one): Not a HS graduate _____ GED _____ HS graduate _____ Some college, no degree _____
 State-approved certificate _____ Associate Degree _____ Bachelor's Degree _____ Graduate Degree _____
- Marital Status (check one): Single never married _____ Separated _____ Divorced _____ Married _____ Widowed _____
- Are you currently receiving financial assistance (TANF, SNAP, Unemployment): Yes _____ if so what type: _____ No _____
- Are you currently reported as a dependent for income tax purposes by a parent or guardian? Yes _____ No _____
- Indicate the number of family members, including yourself, whom your parents or you/your spouse support: _____
- Please indicate your household income level (check one): Less than \$20,000 _____ \$20,000 - \$39,999 _____ \$40,000 - \$59,999 _____
 \$60,000 - \$79,999 _____ Greater than \$80,000 _____
- Do you have difficulty speaking, reading, or writing English because it is not your native language? Yes _____ No _____
- Have you devoted yourself to making a home, been left alone because of death, separation/divorce, or an absent spouse and find it necessary to obtain marketable skills?
 Yes _____ No _____
- Are you a single parent (divorced, legally separated, widowed, or never married with sole or joint custody of a minor child/children) or a single pregnant female? Yes _____ No _____
- Please indicate the HIGHEST LEVEL of education attained by (check on in each column):

	Mother	Father
Eight grade education or less		
Some high school but did not graduate		
A high school graduate/GED		
Some college but no degree		
Associate Degree		
Bachelor's Degree		
Master's/Ph.D.		

**Payment is to be made through
 Pirate Portal or in-person in the
 Payments Office located in the
 Student Services Building.
 Information will be emailed to
 you along with your receipt.**