

**PIERPONT COMMUNITY & TECHNICAL COLLEGE
REGISTRATION FORM
CERTIFIED PROFESSIONAL CODING PROGRAM**

Form CPC – 8/08

(Please Print)

NAME: _____

SOCIAL SECURITY #: _____ / _____ / _____

ADDRESS: _____

BIRTH DATE: _____

_____/_____/_____
State Zip County

E - MAIL ADDRESS: _____

HOME PHONE: () _____

WORK PHONE: () _____

EMPLOYMENT / EXPERIENCE

Are you currently working in a health care setting? Yes No

Current Employer: _____

If currently working in a health care setting, how many years? _____

Employer Address: _____

If not currently in health care, any prior health care work experience? Yes No

City State Zip

How many years of prior experience? _____

Do you have a background in Medical Terminology? Yes No

If yes, is the background through work or educational experience? _____

PLEASE NOTE: Participants in this program must have a demonstrated knowledge of Medical Terminology, either through work or educational experience. If a prospective student has not met this prerequisite, a medical terminology course is available and must be successfully completed prior to registration in the CPC course.

CPC PROGRAM COSTS

AAPC Fees

Student AAPC Membership Fee \$ 70
CPC Exam Fee \$ 260
Total AAPC Fees \$ 330

Pierpont Community & Technical College Fees

Tuition and books \$ 1170

Total Course Cost

AAPC Fees \$ 330
Pierpont C&TC \$ 1170

TOTAL PROGRAM COST - \$ 1500

**In order to secure a seat in this class, please mail your \$1500 payment, along with a completed registration form, to:
Pierpont Community & Technical College, Center for Workforce Education, 320 Adams Street, Suite G01, Fairmont, WV 26554
Payment may be made by Credit Card, Check or Money Order.**

Registration: Payment or payment arrangements are required 5 days prior to the day class begins. Payment insures your seat in a class or your place on wait list. Payment from wait-listed individuals will be promptly returned.

Method of Payment: (Check method utilized)

- _____ Check or money order payable to Pierpont Community & Technical College
- _____ Credit Cards (Visa, MasterCard, American Express, Discover (use form below))
- _____ Employer Sponsored
- _____ Financial Aid (WIA, HEAPS, etc.)

Registration Policy: Due to a maximum enrollment of 30 per class, registration is on a first-come first-serve basis. Registration date is determined by the date of receipt of this completed registration form. Persons not obtaining a seat in their chosen class will be wait-listed for the next available opening.

Credit Card Authorization (If paying by credit card, please complete the following information):

Charge to: VISA, Discover, American Express, or MasterCard (**Please Circle Card Used**).

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CARD NUMBER

PRINT YOUR NAME AS SHOWN ON CARD

AMOUNT TO BE PAID

EXPIRATION DATE

Sign Your Name Here

I HEREBY AGREE TO PAY THE SUM SET FORTH ABOVE TO THE BANK WHICH ISSUED MY CARD, IN ACCORDANCE WITH THE TERMS OF THE CREDIT CARD, FOR THE PURCHASE OF GOODS AND SERVICES.

Return completed registration form to:

Pierpont C&TC, Center for Workforce Education, 320 Adams Street, Suite G01, Fairmont, WV 26554

Phone: 304-367-4920 Fax: 304-367-2717

Signature _____ **Date** _____