

Program Name: Medical Coder

The checklist below is a tool to help insure that your application will be reviewed for eligibility for this program. Please make sure that you have checked each area and submitted appropriate documentation where needed.

	Completed/signed ICC application
	Copy of high school/college transcripts (including ICC transcript accessible through e-services) enclosed; or copy of GED documentation including scores enclosed (contact the Superintendent of the Educational Service Region) (Packets submitted without copies of transcripts will not be scored)
	Official high school and college transcripts (sent from the issuing institution to ICC Health Careers Department sent no later than 2 weeks after submitting application , or enclosed in a sealed envelope from issuing institution submitted in the application packet)
	ACT score of 17 or above (14 if tested prior to Oct. 28, 1989) or 9 or more semester hours of approved courses taken at ICC or equivalent courses at other colleges ('C' or better required in these courses; courses numbered below 110 do not apply)
	Last college attended (including ICC) GPA of 2.0 or above or 9 hours of approved 'program' courses at ICC or other colleges with a grade of 'C' or better
	1 year high school biology or equivalent college biology course "C" or better (BIOL 111 or 140 or 145,146)
	Compass score places you into Read 115 (or 'C' or better in READ 104)

You must sign and date in the area below, stating that you have read and understand the eligibility requirements of this program.

NAME _____ DATE _____

The checklist below is a tool to help insure that your application will be reviewed and Points determined for this program. Please make sure that you have checked each area and submitted appropriate documentation where needed. Application deadline is January 15th of each year.

	All program eligibility requirements have been met. (I am able to check each area of the form above)
	Work experience/volunteer form enclosed (optional)
	Copy of previous health degree/certificate or licensure in health discipline (optional)

You must sign and date in the area below, stating that you have read and understand the documentation needed for possible selection into this program.

NAME _____ DATE _____