

# Student Application Form

## Inpatient Workshop Program



To be considered for AE & Associates, LLC's Inpatient Workshop Program, all applicants must:

- Be at least 17 years of age or are beyond the age of compulsory school attendance in the State of California
- Be a high school graduate or its recognized equivalent
- Currently have a credential issued by the American Health Information Management Association (AHIMA) in the form of the RHIA, RHIT, CCS, CCS-P, or CCA certification, or credential issued by the American Academy of Professional Coders (AAPC) in the form of the CPC, CPC-H, or CIRCC, or have a minimum of six (6) months of coding experience, or be a recent graduate from an approved\* Medical Coding / Billing program.

\* Approval is decided by the Program Director of AE & Associates, LLC.

All interested applicants that meet the qualifications listed above will be required to perform the following prior to the start of the program:

1. Provide a College Transcript: If you do not have a coding credential issued by AHIMA or AAPC in the form of an RHIA, RHIT, CCS, CCS-P or CCA, CPC, CPC-H, or CIRCC certification, or have at least 1 year of coding experience, but you are a recent graduate from a coding/billing program, you must provide us with a copy of your certification of completion or diploma as well as a transcript listing the classes you have successfully completed. **or...**
2. Provide a copy of any/all professional certification: All students who qualify for the program because they are a credentialed healthcare professional through AHIMA must provide us with a copy of their certification(s) or their test results. **or...**
3. Complete an Authorization Form to Perform a Verification of Employment: Students who have a minimum of 1 year of coding experience can qualify for this program by completing an authorization form which will allow AE & Associates, LLC to perform a verification of employment confirming your previous work history.

Upon completion and submission of this application form, AE & Associates, LLC will review the information provided and inform applicants whether they have been accepted for enrollment into the ICD-10-CM/PCS Training Program.

Please mail or fax your completed application form to:  
AE & Associates, LLC  
c/o Admissions Office  
506 Queensland Circle  
Corona, CA 92879  
Phone: (951) 278-3477 Fax: (951) 278-3670

You can also access this application online, fill it out electronically and submit it via email by visiting:

**[www.aeaallc.com](http://www.aeaallc.com)**  
and email it to [admissions@aeaallc.com](mailto:admissions@aeaallc.com)



# Student Application

## PERSONAL INFORMATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Home Number \_\_\_\_\_ Cell Number \_\_\_\_\_  
 Fax Number \_\_\_\_\_ E-mail Address \_\_\_\_\_  
 Social Security Number \_\_\_\_\_ DL or ID # \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Are you a US Citizen or Permanent Resident?  Yes  No

## RESIDENTIAL ADDRESS

Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## MAILING ADDRESS *(if different from residential address)*

Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Contact Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

## EDUCATIONAL INFORMATION

Name of School / University	City / State (Country if outside the U.S.)	Degree / Major Subject (Or Focus of Education)	Dates Attended (mm/yy) - (mm/yy)

## CREDENTIALS

Please provide all professional credentials, certificates, and/or licenses currently held.

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**EXTRACURRICULAR ACTIVITIES**

Please list all extracurricular activities you have been a part of within the last five years. Please include the name of the organization, your position or role, and the dates of your participation.

Activity/ Organization \_\_\_\_\_

Position \_\_\_\_\_ Dates From \_\_\_\_\_ To \_\_\_\_\_

Activity/ Organization \_\_\_\_\_

Position \_\_\_\_\_ Dates From \_\_\_\_\_ To \_\_\_\_\_

Activity/ Organization \_\_\_\_\_

Position \_\_\_\_\_ Dates From \_\_\_\_\_ To \_\_\_\_\_

**WORK EXPERIENCE & CAREER GOALS**

Employer \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Position \_\_\_\_\_ Dates From \_\_\_\_\_ To \_\_\_\_\_

Approximate Annual or Hourly Salary \_\_\_\_\_ Are you ready for a change in career?  Yes  No

What are your career goals? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SPECIAL NEEDS AND/OR CONSIDERATIONS**

Please indicate any special needs and/or considerations that may affect your learning or learning environment.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DEMOGRAPHICS**

The following items are optional. The information you provide will not be used in discriminatory manner.

Gender:  Male  Female

Marital Status:

Race:

- African, African American, Black
- Asian, Asian American, Pacific Islander
- Hispanic, Latino
- Middle Eastern
- Native American
- White, Caucasian
- Other

- Never Married
- Married
- Widowed
- Separated
- Divorced

US Armed Services veteran:  Yes  No

Primary language spoken at home, if other than English: \_\_\_\_\_

**DISCIPLINARY HISTORY**

Have you ever been found responsible for a disciplinary violation at an educational institutional, whether the misconduct was academic or behavioral, that resulted in expulsion from the institution?  Yes  No

Have you ever been convicted of a misdemeanor, felony, or other crime?  Yes  No

*An answer of yes may not disqualify you from attending AE & Associates, LLC but may inhibit you from obtaining a license in which this program is geared to help you obtain, or a conviction may prohibit you from employment in the specified field of study, so please answer the above question truthfully.*

If you answer yes to either question or both questions, please give the approximate date of each incident and explains the circumstances in the space provided.

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**REFERENCES**

To facility the consideration of your application, AE & Associates, LLC suggests you list two (2) references. Please list the names and information of persons that are acquainted with your intellectual abilities, academic performance and personal character.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

Company/Organization \_\_\_\_\_ Position/Title \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

Company/Organization \_\_\_\_\_ Position/Title \_\_\_\_\_