FORM B

Student Name: __________________

STUDENT ASSESSMENT/EVALUATION

1. Level of Education  □ HS Graduate  □ College  □ Trade School  □ Other_______________________________
2. Have you ever worked in a medical position? □ Yes □ No
   If yes, in what capacity ______________________________________________________________________________
3. My knowledge of Medical Billing  □ Beginner  □ Basic Knowledge  □ Advanced
4. My knowledge of Medical Coding  □ Beginner  □ Basic Knowledge  □ Advanced
5. Have you ever taken any other Medical Billing and Coding courses? □ Yes □ No  If Yes, where and when________
   __________________________________________________________________________________________________
6. Why are you interested in this field? ___________________________________________________________________
   __________________________________________________________________________________________________
7. Is there anything that would keep you from completing the class, assignments or attending class?__________________
   ______________________________________________________________________________________________________
   ______________________________________________________________________________________________________
8. I have good skills and knowledge of computers, internet services and email and capable of learning and completing an
   online class. □ Yes □ No
9. Current email is required. I have a current personal e-mail address □ Yes □ No
10. I am a self-directed and self-motivated person who completes assignments on time. □ Yes □ No
11. My computer and computer connections meet or exceeds the computer specifications listed on the Software/Computer
    Standards and Specifications □ Yes □ No
12. I have a back-up plan if my computer malfunctions and able to obtain assignments or participate in online
    classes □ Yes □ No
13. I understand and agree with Career Coders copyrights and intellectual properties rights? □ Yes □ No
14. I have read and understand Career Coders attendance and assignment policies? □ Yes □ No
15. I have read the Career Coders Catalog and understand the information posted on Student Privacy, Student
    Confidentiality, Cheating and Plagiarism Policy? □ Yes □ No
16. I have read and understand the Student Conduct Policy? □ Yes □ No
17. I have read and agree to the Career Coders Catalog regarding all other policies and procedures? □ Yes □ No

How did you hear about Career Coders?
□ Web Search _____________________________  Friend _________________  Other (explain) ____________________
   ______________________________________________________________________________________________________
   ______________________________________________________________________________________________________

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Career Coders Catalog has been sent to you that includes refunds, grievances, confidentiality, student conduct and other policies and procedures. The Career Coders catalog can be viewed online at www.careercoders.com in your class assignments.

I have **read and agree** with Career Coders policies and procedures documented in the Career Coders Catalog. □ Yes □ No

My signature below indicates that I agree and understand the policies for Career Codes On-Line as documented in the Career Coders Catalog. I certify that my answers for student assessment and evaluation are true and complete to the best of my knowledge. I understand that any false misrepresentation of Assessment, Evaluation or Student Permissions will hold Career Coders, LLC harmless.

____________________________________________________________________________________

Student Signature                                  Date

____________________________________________________________________________________

Career Coders, LLC  by Melody S. Irvine, President      Date

This completed and signed form must be returned to Career Coders via email, fax or USPS.

Email: MelodyIrvine@CareerCoders.com  
Fax: 970-663-0060  
USPS: Career Coders, 292 Marcy Drive, Loveland, CO 80537

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