1. Level of Education  □ HS Graduate  □ College  □ Trade School  □ Other________________________
2. I am a self-directed and self-motivated person who completes assignments on time.  □ Yes  □ No
3. Have you ever worked in a medical position? □ Yes  □ No  If yes _____ years
   If yes, in what capacity_________________________________________________________________
4. Have you ever taken any other Medical Billing and Coding courses? □ Yes  □ No  If Yes, where and when________________________
5. Have you taken Medical Terminology? □ Yes  □ No  If yes, when ________________
6. Have you taken Anatomy? □ Yes  □ No  If yes, when ________________
7. If you have answered no to either question 5 and/or 6, you understand that certification testing requires
   knowledge of Medical Terminology and Anatomy and is part of the testing process, without this knowledge
   could prevent successful passing of the CPC Certification Examination.  □ Yes  □ No
8. Why are you interested in obtaining your certification? ____________________________________
   _________________________________________________________________________________
9. I understand testing fees and AAPC membership is not part of my tuition with Career Coders and it is my
   responsibility to register/pay for the AAPC National Certification Exam at least 5-6 weeks before testing date.
   □ Yes  □ No
10. I understand that it is my responsibility to order and purchase any books that are required for the CPC
    (PMCC) online class offer by Career Coders.
11. I verify that I have good skills and knowledge of computers, internet language, and a current email address
    □ Yes  □ No
12. I understand that any computer problems (i.e.; unable to hear, speed, etc) is not the responsibility of
    Career Coders  □ Yes  □ No
13. My computer and computer connections meet or exceeds the computer specifications  □ Yes  □ No
14. I have a back-up plan if my computer malfunctions and I am able to obtain assignments or participate with
    the online classes  □ Yes  □ No

Please indicate your knowledge level of the following:

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<th>None</th>
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Comments:
I understand the CPC Certification taught by Career Coders is not a basic class. This class is recommended only for those students with good to advanced knowledge of Medical Billing and Coding. 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. I understand the taking of the CPC (PMCC) Certification Class does not guarantee the passing of the AAPC national examination.

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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