Medical Office Coding OEC Intake Form

Intake information to be considered for entering the Medical Office Coding Occupational Endorsement Certificate program.

* Required

1. **Today's Date** *

   Example: December 15, 2012

2. **Name** *

3. **Date of Birth** *

   Example: December 15, 2012

4. **UAA ID**
   If you have previously enrolled with University of Alaska, what is your ID?

5. **Phone number** *

6. **Current Address** *

7. **Email Address** *

8. **Sex** *
   Mark only one oval.

   ◯ Male

   ◯ Female

9. **Ethnicity** *
Mark only one oval.

( ) Hispanic or Latino

( ) Not Hispanic or Latino

10. **Race** *
Please check one or more that apply
Check all that apply.

☐ American Indian or Alaska Native

☐ Asian

☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander

☐ White

11. **Currently employed?** *
Mark only one oval.

( ) Yes

( ) No

12. **Current employer**

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13. **Position**

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14. **How long have you been employed in this position?**

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15. **What is your annual or hourly income?**

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16. **Is this position within the Medical Field?**
Mark only one oval.

( ) Yes

( ) No

17. **Are you currently disabled? ***

Mark only one oval.

⬭ Yes

⬭ No

18. **Veteran Status ***

Mark only one oval.

⬭ Active Duty

⬭ Retired Military

⬭ Veteran

⬭ Spouse of a Veteran

⬭ Spouse of Active Duty Member

⬭ Spouse of any person who died of a service connected disability

⬭ Spouse of any member of the Armed Forces serving on active duty who, at the time of application for the priority, is listed in one or more of the following categories and has been so listed for a total of more than 90 days: (i) missing in action; (ii) captured in line of duty by a hostile force; or (iii) forcibly detained or interned in line of duty by a foreign government or power

⬭ Spouse of any veteran who has a total disability resulting from a service-connected disability, as evaluated by the Department of Veteran Affairs

⬭ Spouse of any veteran who died while a disability, so evaluated, was in existence

⬭ Not a Veteran

⬭ Other: ....

19. **If you are a veteran, will you be using military/government funds for this program?**

Mark only one oval.

⬭ Yes

⬭ No

⬭ N/A

20. **Are you currently enrolled as a student? ***

Mark only one oval.

⬭ Yes

⬭ No

21. **What is your current student status?**

Mark only one oval.

⬭ Full-time

⬭ Part-time

22. **What is your current GPA?**

_____

23. **What is your current major of study?**

_____

24. **What is your current year in school?**
    Mark only one oval.

    ( ) 1st

    ( ) 2nd

    ( ) 3rd

    ( ) 4th

    ( ) Other: _____

25. **Are you eligible for the Pell Grant?** *
    Mark only one oval.

    ( ) Yes

    ( ) No

    ( ) Unsure

26. **Are you TAA eligible?** *
    Mark only one oval.

    ( ) Yes

    ( ) No

    ( ) Unsure

27. **Will you be using Financial Aid to assist you in paying for your education?** *
    Mark only one oval.

    ( ) Yes

    ( ) No

    ( ) Unsure

28. **What is the highest level of education you have completed?** *

Mark only one oval.

⬭ High School

⬭ Associate's Degree

⬭ Bachelor's Degree

⬭ Graduate Degree (MA/PhD/etc.)

⬭ Vocational Certificate

29. **Previous certificates/licenses/degrees earned**

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30. **Do you have a computer with internet access in your home?** *

Mark only one oval.

⬭ Yes

⬭ No

⬭ Other: _____

31. **Have you previously completed a grant funded program of study in another field?** *

Mark only one oval.

⬭ Yes

⬭ No

32. **Please describe your major/educational goals.**

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