

Complete using legal name:

Owens Community College School of Nursing and Health Professions Medical Coding Certificate Application

OCID#:		Date of Bir	th:	
Last Name		First Name		Middle Initial
Maiden Name (if applic	able)	Other Name (listed on transcripts)		
Current Address		City	State	Zip
Cell Phone	Home Phone	e Work Phone		
Email Address:				
Academic Information:				
Are you or have ever be O Yes O No	een a student at Ow	ens State Comi	nunity College?	
If yes, list semester and year of first courses taken at Owens.				
Have you taken college military experience for O Yes O No			•	program or have
If yes, submit an officia training program. Tran				=

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Updated: FA 19

Have you ever been convicted of a felony?	
O Yes O No	
I certify that I have read and understand the enclosed application that the above information is correct and complete to the best understand and agree that misrepresentation or falsification of may be cause for rejection of my application or for termination Medical Coding Certificate.	of my knowledge and belief. I information on this application
Print Name	
Signature of Applicant	Date

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Updated: FA 19