

DLS Medical Billing and Coding, LLC  
**ENROLLMENT APPLICATION**

DEMOGRAPHICS

First Name:	Middle:	Last:
Date of birth:	SSN:	
Home Phone:	Mobile:	Other:
E-Mail:		
Current address:		
City:	State:	ZIP Code:
Mailing address:		
City:	State:	ZIP Code:
Country:		Primary Language Spoken?
Please list any other names you are known by:		
Race:		

PERSONAL DATA

Highest Level / Grade of Education Completed?			
Are you receiving public/county assistance? (PLEASE LIST ALL THAT APPLY): 1)			
2)		3)	
4)			
Are you a Veteran?	Are you Active Duty?	Are you a US Citizen?	
Do you have a valid US Passport?	Permanent Visa?	Other?	
Have you ever been convicted of a felony or misdemeanor?			Arrest Date:
If yes, please explain:			

EMPLOYMENT INFORMATION (LIST LAST 2 EMPLOYERS)

Current employer:			
Employer address:			How long?
Phone:		E-mail:	Fax:
City:	State:		ZIP Code:
Position:	Hourly	Salary (Please circle)	Annual income:
Previous employer:			
Address:			
Phone:		E-mail:	Fax:
City:	State:		ZIP Code:
Position:	Hourly	Salary (Please circle)	Annual income:

KNOWLEDGE SKILLS & ABILITIES (KSA'S) (PLACE AN "X" IN AREA)

Microsoft Word	Excel	PowerPoint	Publisher
Fax	Email	Copy Machine	Words Typed Per Minute:
10Key	Scan	File	

List any additional skills:			

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PERSONAL REFERENCES

**Reference # 1**

Name:

Address:

City:

St:

Zip:

Phone:

How long known:

Relationship:

**Reference # 2**

Name:

Address:

City:

St:

Zip:

Phone:

How long known:

Relationship:

**Reference # 3**

Name:

Address:

City:

St:

Zip:

Phone:

How long known:

Relationship:

WHAT DO YOU EXPECT FROM THIS TRAINING?

AFTER RECEIVING TRAINING, WHAT DO YOU WANT TO DO?

WHAT ARE YOUR STRONGEST SKILLS?

WHAT ARE YOUR WEAKEST SKILLS?

WHAT HOURS ARE YOU ABLE TO ATTEND CLASS?

WHAT DAYS ARE YOU ABLE TO ATTEND CLASS?

WHAT GOALS DO YOU HAVE FOR YOUR FUTURE?

DISCLAIMER

DLS Medical Billing and Coding, LLC  
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DLS Medical Billing and Coding is an Educational and Certification Training located in Sylacauga, Alabama. This information is collected to build a profile for potential clients who may attend our Skill Building Training School and certification programs. Your information will be kept confidential and not shared with any 3<sup>rd</sup> Party vendors. However, we reserve the right to use this information to obtain funding for the continuation of the DLS Medical Billing and Coding Skill Building Training School and Certification program. We reserve the right to amend this application at any time according to the laws of Sylacauga, Alabama. DLS Medical Billing and Coding Training Material may not be duplicated for one purpose. DLS Medical Billing and Coding is not a physician of service or practice all material or solely for training purposes only.

Print Name:	Date:
Signature of applicant	Date:
Application Reviewed By:	Date Reviewed:

