

**LOMA LINDA UNIVERSITY**  
School of Allied Health Professions  
*DEPARTMENT OF HEALTH INFORMATION MANAGEMENT*

***Certified Coding Specialist Review Course***

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Last Name	First	Middle	Maiden
Home Address	City	State	Zip
Area Code/ Phone number (home)		Area Code/ Phone number (work)	
Social Security Number		Date of Birth (optional)	

Have you had **in-patient** coding experience?    \_\_\_\_\_ yes    \_\_\_\_\_ no

Have you had previous coding courses?        \_\_\_\_\_ yes    \_\_\_\_\_ no

**It is strongly recommended that you have either in-patient coding experience or formal coding training prior to registration for this course.**

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***Note:*** Due to classroom size limitation, please apply as soon as possible. Enrollment will be on first come, first serve basis. Limit: 40 applicants.

- ★ Registration and payment for the course are due by **June 23, 2006.**
- ★ Total cost \$250.00. Payment must be made in advance. Checks should be made payable to *Loma Linda University.*
- ★ Request for refund of seminar fee must be submitted in writing by **July 5, 2006.** Mail it to the attention of Steve Larsen at the address below, or fax it to (909) 558-0404.
- ★ Return to:

**Loma Linda University**  
**Department of Health Information Management**  
**Nichol Hall #1905**  
**Loma Linda, CA 92350**

**Telephone: (909) 558-4976**

