

Previous Employer: _____

Address: _____

Job Title: _____

Job Responsibilities: _____

Work Telephone # _____ (Optional)

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Burlington County College

- | | | | | | | |
|--|------------------------------------|------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Are you currently a BCC student? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | | |
| Have you taken the NJ Basic Skills Test? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | | |
| If accepted into the program will you attend | <input type="checkbox"/> Full time | <input type="checkbox"/> Part time | | | | |
| How many courses do you plan on taking per semester? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |

Allied Health Entrance Exam

The Psychological Service Bureau (PSB) Health Occupations Aptitude Examination-List dates for sessions you have taken or plan to take:

____/____/____ ____/____/____ ____/____/____

Essay Questions:

IN ADDITION TO YOUR ADMISSION APPLICATION, PLEASE ATTACH RESPONSES TO THE FOLLOWING QUESTIONS IN (TYPEWRITTEN) ESSAY FORMAT: *Your Application will not be complete until received.*

1. Why have you chosen to pursue a career in Health Information/Coding Certificate and what have you identified as your career goals?
2. What is it about yourself that makes you an outstanding candidate to the Health Information/Coding Certificate program at Burlington County College?

Certification: I certify that the statements on this application are true and accurate to the best of my knowledge:

Applicant Signature _____ Date: _____