

RSU 25 ADULT AND COMMUNITY EDUCATION

Create Your Path to Success

102 Broadway, Suite One
Bucksport, ME 04416
www.rsu25.maineadulted.org



Kathy L. Pelletier, Director

Phone: (207) 469-2129

Fax: (207) 469-2192

www.facebook.com/RSU25ADED

To: Medical Billing and Coding Applicants

From: RSU 25 Adult and Community Education

Re: Medical Billing and Coding Packet

Enclosed is our Medical Billing and Coding packet. Please read this information carefully, fill out the necessary forms and return to RSU 25 Adult and Community Education: 102 Broadway, Suite One, Bucksport, ME 04416.

Applications should be completed as soon as possible.

1. Personal Data Sheet
2. Social Security Release
3. FERPA Release
4. Records Release
5. CASAS Assessment

Course fee is \$1,899.00 which includes:

Textbooks
Registration Fee

NOTE: You will not be considered for acceptance into the Medical Billing and Coding Program until payment has been received by this office.

NOTE: You do not need to wait until your packet is complete to send in your payment. In order to be accepted, full payment and all requested information must be received by this office.

PERSONAL DATA SHEET

NAME _____
 LAST FIRST MI BIRTH NAME

ANY AND ALL ADDITIONAL NAMES USED: _____

ADDRESS _____

MAILING ADDRESS (If different) _____

TELEPHONE: (H) _____ (Cell) _____ (W) _____

EMAIL ADDRESS _____

SOCIAL SECURITY # _____ SEX: M F

DATE OF BIRTH _____

EMERGENCY CONTACT NAME AND NUMBER _____

DID EITHER OF YOUR PARENTS
EARN A 4-YEAR DEGREE? MOTHER _____ FATHER _____ BOTH _____ NONE _____

EDUCATION

HIGH SCHOOL _____ YEAR GRADUATED _____

GED/HiSET TEST CENTER _____ YEAR ACQUIRED _____

COLLEGE ATTENDED _____

COURSE OF STUDY _____

DEGREE ACQUIRED _____

Have you ever been convicted of any crime other than a minor traffic violation? _____

If yes, in what State? _____ Explain _____

If you have been convicted of abuse, neglect or misappropriation of property, you may NOT be able to work after completion of this course.

Signature _____ Date _____

Please submit to: RSU 25 Adult and Community Education Phone: 207-469-2129
 102 Broadway, Suite One Fax: 207-469-2192
 Bucksport, ME 04416

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**Release of Social Security Numbers
And Exchange of Information**

RSU 25 Adult and Community Education is required by the Adult Education and Family Literacy Act, Title II of the Workforce Investment Act to report how many adult learners:

- Get a job
- Keep a job
- Enter postsecondary education

This exchange of information is needed in order to receive funding that pays for part of this adult education program. This is federal money and is used to pay for some of our basic skills classes including reading, writing, math, GED, and high school diploma.

To get this information, this adult education program will send your Social Security Number to the organizations listed below. That organization will tell us how many adult education students got a job, kept a job or enrolled in a postsecondary school.

To get this information, we need to send Social Security Numbers to:

- The Maine Department of Labor – They will tell us how many adults from Adult Education Programs in the State got a job and kept a job.
- The individual campuses of the Community College System (Technical Colleges), the University System, and other Post Secondary Institutions will tell us how many adults from adult education programs in the State are enrolled during the current year.

Because you are a part of this program, we are asking you to sign this form, giving us permission to use your Social Security Number in order to get this information.

The information obtained by the Department of Education will be used for reporting purposes only and will not be sold or used for any other purposes.

I give permission to use my Social Security Number

Signature _____

Print Name _____

Social Security Number _____

Date: _____

I do not give permission to use my Social Security Number

Signature _____

Print Name _____

Date: _____

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Family Educational Rights and Privacy Act (FERPA)

The *Family Educational Rights and Privacy Act* (FERPA), a Federal law, requires that RSU 25 Adult and Community Education, with certain exceptions, obtain your written consent prior to the disclosure of personally identifiable information from your education records. However, RSU 25 Adult and Community Education may disclose appropriately designated “directory information” without written consent, unless you have advised the program to the contrary in accordance with District procedures. The primary purpose of directory information is to allow RSU 25 Adult and Community Education to include this type of information from your education records in certain school publications. Examples include:

- Honors awards or other recognitions
- Graduation programs and articles
- News releases and articles
- Newsletters

Directory information, which is information that is generally not considered harmful or an invasion of privacy if released, can also be disclosed to outside organizations without your prior written consent. Outside organizations include, but are not limited to, companies that manufacture class rings or publish yearbooks. In addition, two federal laws require local educational agencies (LEAs) receiving assistance under the Elementary and Secondary Education Act of 1965 (ESEA) to provide military recruiters, upon request, with three directory information categories--names, addresses, and telephone listings--unless you have advised the LEA that you do not want your information released without your prior written consent.¹

If you do not want RSU 25 Adult and Community Education to disclose directory information from your education records without your prior written consent, you must notify the program in writing at intake. RSU 25 Adult and Community Education has designated the following information as directory information.

- | | | |
|--------------------|--------------------------|---------------------------------------|
| -Student’s Name | -Electronic Mail Address | -Degrees, Honors, and Awards Received |
| -Address | -Date and Place of Birth | -The Most Recent Educational Agency |
| -Telephone Listing | -Dates of Attendance | or Institution Attended |

I do not give permission for my directory information to be released to outside organizations without my written permission.

Signature

Date

¹These laws are: Section 9528 of the ESEA (20 U.S.C. 7908), as amended by the No Child Left Behind Act of 2001 (P.L. 107-110), the education bill, and 10 U.S.C. 503, as amended by section 544, the National Defense Authorization Act for fiscal Year 2002 (P.L. 107-107), the legislation that provides funding for the Nation’s armed forces.

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Student Authorization and Records Release Form

I, _____
Last Name First Middle

Birth Name Date of Birth

do hereby grant you permission to send my records to

Signature

Date signed

.....

Please return this release form to

RSU 25 Adult & Community Education
102 Broadway, Suite One
Bucksport, Me 04416-1341

MEDICAL BILLING AND CODING APPLICATION CHECKSHEET
(for applicant's use – please do not submit)

- I have read the entire Medical Billing and Coding packet carefully. AFTER doing this, I have asked any questions I need to understand and complete the packet.
- I have made an appointment with the office at RSU 25 Adult and Community Education to take the CASAS Assessment.
- I have taken the CASAS Assessment.
- I have completed Personal Data Form (Application/2) and submitted it to RSU 25 Adult and Community Education.
- I have completed the Release of Social Security Numbers and Exchange of Information (Application/3) and the Family Educational Rights and Privacy Act (FERPA) (Application/4) and submitted it to RSU 25 Adult and Community Education.
- I have completed the Student and Authorization and Records Release Form (Application/5) and submitted it to RSU 25 Adult and Community Education.
- I have submitted full payment to RSU 25 Adult and Community Education.