



**Hawai'i Institute of Healthcare
& Training Services**

315 E. Kawili, #101, Hilo HI 96720

Ph: (808) 933-1295

Email: education@hihts.org

Website: www.HIHTS.org

APPLICATION FOR MEDICAL BILLING/CODING TRAINING PROGRAM

Name: _____

Social Security No: _____

Address: _____

Phone: (Res): _____

(C) _____ (W) _____

DOB: _____

Email _____

Are you 18 years old or older? [] Yes [] No

High School Grad [] Yes [] No or GED []

What languages do you speak? _____

U.S. Citizen? [] Yes [] No Alien/Green Card? [] Yes [] No Alien Card #: _____

How did you hear about us? _____

Have you ever been convicted of a crime or had traffic violation(s) by any court? [] Yes [] No

(If Yes, please explain nature of the incident and current status)

If applicable, will you be able to provide letters from your probation officer? [] Yes [] No

If applicable, will you be able to provide at least three (3) letters of recommendation? [] Yes [] No

Emergency Contact Person: _____ Phone: _____

Address: _____ Email: _____

SCHOLARSHIP INFORMATION (If applicable)

Company/Agency Name: _____ Contact Person: _____

Address: _____

Phone: _____ Fax: _____

Covered Cost _____

FOR OFFICE USE ONLY

Registration No.: _____ Acct. No. _____ Initial: _____

NON-REFUNDABLE PRE-REGISTRATION FEE: \$300.00

TO REGISTER PLEASE CALL: 933-1295 or go on line at hihts.org



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