



## AAPC Professional Medical Coding Curriculum Instructor Application

1. Personal Information			
Name	Last	Middle	First
Mailing Address <input type="checkbox"/> Work <input type="checkbox"/> Home	Street		Apt
Member ID #	City	State	Zip
Work Phone	Fax	Current Specialty	
Home Phone	Fax	Email Address	

2. Educational Experience			
High School/GED Equivalent	City/State	Graduation Date	Degree Earned
College or University (last attended)	City/State	Enrollment Date	Degree Earned

3. Additional Education/Training
a. Employer/Address/Specialty
b. Employer/Address/Specialty

4. Academy Certification Date	CPC® _____	CPC-H® _____
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5. Coding Experience			
a. Employer/Address/Specialty	Employee Title	Employment Dates	Immediate Supervisor/Phone
		to	
b. Employer/Address/Specialty	Employee Title	Employment Dates	Immediate Supervisor/Phone
		to	
c. Practical experience/Affiliation (Health care profession, eg, nursing, claims adjudication, etc.)			
<input type="checkbox"/> Education	<input type="checkbox"/> Consultant	<input type="checkbox"/> Other	Years

6. Instructional Experience			
a.	Institution/Course	Number of Students	Dates
b.	Institution/Course	Number of Students	Dates
c.	Institution/Course	Number of Students	Dates

**REMINDER:** Two letters of recommendation from an educational environment must be enclosed with your application.

I hereby attest that the above information is true and accurate to the best of my knowledge

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date