

**Dear Prospective Student,**

**Thank you for considering the Allan Hancock College Medical Billing and Coding Program. We are excited that you are exploring this rewarding and dynamic field. Medical Billing is a challenging discipline, and the coursework requires dedication and commitment. We encourage you to fully understand the effort needed to succeed in this program.**

**Before submitting your application and supporting documents, please take the time to carefully review the materials in this packet. Be sure to keep a copy of all documents for your records.**

**If you have any questions about the program, please visit our Medical Billing [website](#).**

**Sincerely,  
Tawnya Karstrom  
Program Specialist**

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To be considered for the Medical Billing and Coding program, please submit the attached application along with all required documents on or before May 31, 2026. This application is specific to the current application period. Be sure to thoroughly review the entire packet and submit a complete application. A randomized lottery will select the first 30 applicants for the program. All other applicants will be placed on the program waitlist according to their lottery number.

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### **PROGRAM**

The Medical Billing and Coding certificate program is a two-semester course that runs from August to May, with all classes offered online. The program equips students with the essential skills required for employment in the billing department of a medical office.

If you have completed the Medical Assisting program at Allan Hancock College within the past two years or are currently enrolled in the program, you may apply for priority seating in the upcoming Spring session of the Medical Billing program. This will allow you to join the second half of the program, which runs from January to May. Please indicate your eligibility by checking the appropriate box on your application.

### **COMPLETED APPLICATION PACKET AND ELIGIBILITY:**

- All applicants must have an AHC student ID number and complete the program application form attached.
- You must be 18 years of age or older and provide proof with this application.
  - Acceptable forms of proof of age: birth certificate, driver’s license or State ID, only one document is required.
- All applicants must show completion of English C1000/101 with a grade of “C” or better:
  - A printout of your AHC unofficial transcripts must be provided with this application.
  - Official transcripts from any other college must have already been evaluated by AHC admissions and records transcriber and in your AHC portal to print for proof of completion.

The application and required documentation must be hand-delivered to the W Building, Office W-11, or placed in the M100/200 building mailbox directly across from the M132 office door.

If you wish to apply to multiple programs within the Health Sciences department, you may do so. However, if your lottery number places you in more than one program simultaneously, the office will determine which program you will be placed in. You may only register for one program at a time, but you can apply to as many as you like. To be considered for other programs in the following year, you must apply during the next application period and indicate which program you completed.

**ONCE ADMITTED**

All applicants will be notified of their admission status via the email provided on their application by the end of the day on **June 26, 2026**. Please ensure your application is written or typed clearly to avoid any confusion. Check your spam/junk folder, as AHC emails may not always go directly to your inbox.

Students in the program must maintain a grade of “C” or higher in all required courses and a minimum 2.0 GPA each term to progress. The core curriculum is designed to be completed within one academic year (August-May).

Accepted students must submit their original signed acceptance letter and complete class registration by the specified deadline, as outlined in the email.

Waitlisted applicants will receive an email with their waitlist number. The waitlist will be maintained until a few weeks before the program starts or as time permits but will not carry over to the next application period.

Students are responsible for registering and paying for all required Medical Billing courses each semester by the designated deadlines.

**ONLINE PARTICIPATION AND DEADLINE POLICY**

Professional behavior is essential in healthcare and includes accountability, timeliness, and meeting deadlines. Although this course is asynchronous, students are expected to log in regularly, stay current with all modules, and complete assignments by the posted due dates—just as they would meet expectations in a medical workplace. All modules contain required material and proficiency-based work. Students are responsible for reviewing all content and completing assessments on time. Students are expected to monitor their progress and remain on track throughout the semester.

**CERTIFICATION OF ACHIEVEMENT – Total of 16 units**

Allan Hancock College will auto award a Certificate of Accomplishment, once the student has completed the mandatory classes.

**1<sup>st</sup> semester – 9 units**

MB-305 / Body Systems and Disease	5 units
MB-352 / MA Administrative Procedures	4 units

**2<sup>nd</sup> semester – 7 units**

MA-360 / Medical Billing and Insurance	4 units
MA-361 / Coding for Medical Insurance	3 units

**EMPLOYMENT OPPORTUNITIES**

The average salary for a medical biller and coder in California is around \$45,074 per year, according to ZipRecruiter. The median salary for all medical records specialists (coders and billers) was \$48,780 in May 2023, notes the Bureau of Labor Statistics

**FINANCIAL AID**

Please contact the Financial Aid office for all questions and/or eligibility or go to <https://www.hancockcollege.edu/finaid/index.php> for up-to-date information.

**MEDICAL BILLING PROGRAM ESTIMATED STUDENT FEES**

<b>Fall Semester</b>	
TUITION (9 units @ \$46/unit (CA))	\$414.00
HEALTH FEE (\$23), STUDENT CENTER FEES (\$1 PER UNIT/\$10 MAX), STUDENT REP FEE (\$2 OPTIONAL)	\$35.00
REQUIRED FALL TEXTBOOKS	\$675.00 (AHC)
MISCELLANEOUS SUPPLIES – flash drive, notebooks, pens, paper, etc.	\$35.00
<b>Total is estimated</b>	<b>\$1159.00</b>
<b>Spring Semester</b>	
TUITION (7 units @ \$46/unit (CA))	\$322.00
HEALTH FEE (\$23), STUDENT CENTER FEES (\$1 PER UNIT/\$10 MAX), STUDENT REP FEE (\$2 OPTIONAL)	\$35.00
REQUIRED SPRING TEXTBOOKS	\$185.00 (est.)
MISCELLANEOUS SUPPLIES – flash drive, notebooks, pens, paper, etc.	\$60.00
<b>Total is estimated</b>	<b>\$612.00</b>

**TOTAL ESTIMATED COSTS TO ACHIEVE MEDICAL BILLING CERTIFICATE**

**\$1,800.00**

**If you have taken the MA program previously, you will not need to pay for the Fall semester.**

*Prices are subject to change*

Personal Information		
First Name:	MI:	Last Name:
Address:		
City:	ST:	Zip:
Preferred Phone Number:		
Social Security or Tax ID Number:		Birth Date:
Hancock Student ID#:	Preferred Email Address:	
(Mandatory)		
Education		
Education Status:		
Currently Enrolled in HS _____ HS Diploma _____ GED/HS Equivalency _____ Some College _____ Degree _____		
Applying to any other Health Sciences programs, if yes, list:		
Did you complete the Medical Assisting program at AHC? If yes, Semester/Year:		

Confidential Applicant Survey

Federal and state mandates require that we compile summary data on the gender and ethnicity of applicants. To assist us in complying with this requirement we are requesting that you complete the below.

Please identify the ethnicity you most identify with or the one that best represents your background. This is for demographic purposes and will help us better understand our student population.

- |   |  |
|---|--|
| <input type="checkbox"/> African American / Black<br><input type="checkbox"/> American Indian / Alaska Native<br><input type="checkbox"/> Asian<br><input type="checkbox"/> Other Asian<br><input type="checkbox"/> South Asian / Indian, Pakistani etc.<br><input type="checkbox"/> Filipino | <input type="checkbox"/> Hispanic / Latino<br><input type="checkbox"/> Native Hawaiian<br><input type="checkbox"/> Other Pacific Islander<br><input type="checkbox"/> Caucasian / White<br><input type="checkbox"/> Mixed race |
|---|--|

Gender \_\_\_\_\_ Preferred language at home \_\_\_\_\_

Allan Hancock Joint Community College District strictly prohibits discrimination based on race, color, ancestry, religion, gender, national origin, age, physical or mental disability, medical condition, marital status, or sexual orientation. Additionally, information about an applicant's name is kept confidential and is not shared with any other agency.

The application and required documentation must be hand-delivered to the W Building, Office W-11, or placed in the M100/200 building mailbox directly across from the M132 office door. Alternatively, you can mail the documents to the college, addressed to the attention of Tawnya Karstrom, must be postmarked by the last day of the application period.

Please print, read and acknowledge your understanding by checking each box, then sign and date.

- I have read this application packet carefully and agree to comply with the standards and rules detailed within.
- I understand that I am required to provide proof of completion and equivalency of English C1000/101 with a grade of "C" or better with my Allan Hancock unofficial transcripts.
- I understand that I will be notified by email on June 26th, 2026, my status in the program. It is my responsibility to ensure my email is written clearly and to check my spam/junk folder.
- I agree that I must submit proof, with this application, that I am 18 years of age or older to participate in the Medical Billing Program.
- I understand the Medical Billing and Coding certificate program is a two-semester course that runs from August to May, with all classes offered online.
- I understand that if I am assigned a waitlist number, I may be notified up until a few weeks before the program begins or as time allows, but my position will not carry over to the next application period.
- I understand that requirements for the program can change and will require flexibility.

I certify that I have read and understand the statements made in this application packet. To the best of my knowledge, the information provided is true and complete. I acknowledge that any false or misleading information may result in denial of admittance.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Application does not guarantee that applicants have satisfied minimum criteria

If you wish to apply to multiple programs within the Health Sciences department, you may do so. However, if your lottery number places you in more than one program simultaneously, the office will determine which program you will be placed in. You may only register for one program at a time, but you can apply to as many as you like. To be considered for other programs in the following year, you must apply during the next application period and indicate which program you completed.

**For office use only:**

Application complete: \_\_\_\_Yes \_\_\_\_No (App/Proof of Age/AHC Xscript)

English C1000 / 101 complete: \_\_\_\_\_ Sem/Yr \_\_\_\_\_ Grade \_\_\_\_\_ No

Other program applications turned in? Program: \_\_\_\_\_

Previous AHC MA / MB / DA? \_\_\_\_\_

**NOTES:**