

Medical Office Information Technology

The Medical Office Information Technology program prepares students to enter health-care facilities, such as hospitals and doctor, dental or chiropractic offices in a variety of positions. Students will be multi-skilled with knowledge of insurance codes, medical billing practices, electronic health records and medical office administration skills. Students will have a blend of classroom theory and hands-on computer laboratory training that will enable them to meet the requirements of medical information management. The curriculum includes administrative and clinical competencies.

**Externship will be 8 hours days. The hours worked will vary depending on the facility.*

Program/Location	Length	Days	Time
Day Program/ Knoxville Campus	5 Months	Monday-Friday	8:00 am—2:30 pm

Curriculum/Courses	Completion Award	Required Hours
MOI 0001 Worker Characteristic	Receptionist	Certificate 192
MOI 1010 Introduction to Windows	Information Clerk	Certificate 312
MOI 1020 Microsoft Word	Medical Office Information Technology	Diploma 632
MOI 1030 Microsoft Excel		
MOI 1040 Administrative Procedures		
MOI 1050 Anatomy and Terminology		
MOI 1060 Billing and Coding		
MOI 1070 Office Simulation I		
MOI 1080 Office Simulation II		
MOI 0002 Worker Characteristic		
MOI 2010 Externship		

Typical Job Opportunities

Medical Coder and Biller
Medical Receptionist
Medical Records

Total Completion Rate 2016: 93%

HOW TO APPLY

All Documents Must be Presented Together to Apply

- 1. Complete the Free Application For Federal Student Aid (FAFSA) online – the website is www.fafsa.ed.gov and our school code is 004025.**
- 2. Complete TCAT Application for Enrollment (Form is Attached)**
- 3. Provide proof of official transcripts of education from high school or high-school equivalency.**



Medical Office Information Technology

Tuition, Book, Tool, and Supply List

1st Trimester				
Tuition		Cost		Total
Tuition*		\$1,169.00		
Technology Access Fee*		\$ 67.00		
Student Activity Fee*		\$ 10.00		
TOTAL				\$1,246.00
Book	ISBN	Cost	Required	
Computers in the Medical Office (w/out access code)	9780073402130	\$ 196.00	x	
Insurance in the Medical Office, 7th	9780073374598	\$ 112.00	x	
CPT 2016 Professional Edition	9781622022045	\$ 115.00	x	
ICD-10-CM Standard Edition	9781455774968	\$ 95.00	x	
Case Studies for Use with Computers in the Medical Office	9780077445331	\$ 73.00	x	
Medical Terminology: A Short Course, 7th Edition	9781455758302	\$ 52.00	x	
Microsoft Excel 2010: Level 1	9781591363132	\$ 36.00	x	
Microsoft Word 2010: Level 1	9781591363071	\$ 36.00	x	
Basic Medical Coding Workbook ICD-10	9780073511047	\$ 76.00	x	
TOTAL				\$791.00
Supplies		Cost	Required	
3 Black Scrub Pants		\$ 100.00	x	
3 Red Scrub Tops		\$ 100.00	x	
1 Black Scrub Jacket		\$ 50.00	x	
USB Flash Drive 2 GB (bookstore price)		\$ 20.00	x	
TOTAL				\$270.00
2nd Trimester				
Tuition		Cost		
Tuition (200 hours)*		\$ 647.00		
Technology Access Fee*		\$ 67.00		
Student Activity Fee*		\$ 10.00		
TOTAL				\$724.00
Miscellaneous Costs		Cost	Required	
NHA certification for Electronic Health Records		\$ 115.00	X	
NHA certification for Medical Administrative Office Assistant & Billing and Codin		\$ 230.00	X	
Graduation Supplies		\$ 40.00	X	
TOTAL				\$ 385.00
TOTAL PROGRAM COST				\$3,416.00



TENNESSEE COLLEGES OF APPLIED TECHNOLOGY

ENROLLMENT APPLICATION

Applicants must complete every item on this form, sign and date and return it to the College.

Personal Information	<p>Full Legal Name</p> <hr/> <p style="text-align: center;">Last First Middle</p> <hr/> <p>Address _____ City _____</p> <hr/> <p>County _____ State _____ Zip _____ Email Address _____</p> <p>- - / / Gender: <input type="checkbox"/> M <input type="checkbox"/> F</p> <hr/> <p>Social Security _____ Date of Birth _____ Age _____</p> <hr/> <p>Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single Preferred Phone Number: _____</p> <hr/> <p>Race: Do you consider yourself to be Hispanic/Latino/Spanish origin? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Select one or more of the following racial categories to best describe you:</p> <p><input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Islander</p> <p><input type="checkbox"/> Asian <input type="checkbox"/> White</p> <p><input type="checkbox"/> Black or African American</p> <hr/> <p>Citizenship status: <input type="checkbox"/> US Citizen or US National <input type="checkbox"/> US Dual Citizen <input type="checkbox"/> US Permanent Resident or Refugee <input type="checkbox"/> Other</p> <hr/> <p>US Forces Status: <input type="checkbox"/> Currently Serving <input type="checkbox"/> Previously Serving <input type="checkbox"/> Current Dependent <input type="checkbox"/> N/A</p> <hr/> <p>ALL MALES 18 OR OLDER MUST be registered with Selective Service. Have you registered for Selective Service?</p> <p><input type="checkbox"/> Not required to registered <input type="checkbox"/> Registered <input type="checkbox"/> Required to register, but not registered</p>
Prior Education/ Training	<p>Education (insert highest level of education completed): _____</p> <hr/> <p>Name of last high school attended: _____</p> <hr/> <p>High school graduation date (mm/yyyy): _____ GED Diploma Date _____</p> <hr/> <p>Are you seeking credit for prior education, training or work experience? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
Program	<p>Please review the campuses website and provide the program name choice for career training (Example: Administration Office Technology)</p> <hr/> <hr/> <p>When will you be available to enroll in class? <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer</p> <hr/> <p>Do you plan to apply for financial aid? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Signature of Applicant: _____ Date of Application: _____

The Tennessee Colleges of Applied Technology (TCATs) do not discriminate on the basis of race, color, religion, creed, ethnic or national origin, sex, sexual orientation, gender identity/expression, disability, age, status as a covered veteran, genetic information and any other category protected by federal or state civil rights law with respect to all employment, programs and activities sponsored by the TCATs.



OFFICE USE ONLY

ADMISSIONS REQUIREMENTS

FAFSA I will not be filing financial aid. I will be paying for my education. Students Initials: _____

SPECIAL ADMISSIONS REQUIREMENTS

Cosmetology:

Photo Proof of Age Copy of SS Card RT/LT Handed Manicuring Only
 Educational Transcripts

Dental Assisting, Medical Assisting, and Surgical Technology

HESI scores: Math 70 and Reading 70 | Compass scores: Math 30 and Reading 70

HESI | ACT | Compass Scores: _____ Math _____ Reading _____ (Date: _____)
 CPR Documentation (BLS for Healthcare Providers)
 Educational Transcripts Immunizations

Medical Office Information Technology

Educational Transcripts

Practical Nursing:

HESI required scores: Math 70 and Reading 70 | Compass scores: Math 50 and Reading 80

Notarized Declaration of Citizenship Copy of ID Used to Declare Citizenship
 CPR Documentation (BLS for Healthcare Providers)
 Educational Transcripts Immunizations
 HESI | ACT | Compass Scores: _____ Math _____ Reading _____ (Date: _____)

Truck Driving:

MVR DOT Physical Valid Driver's License
 U.S. Citizenship / Residency

Staff Signature: _____

Date: _____