



# **Medical Coder Program**

## **Information and Application Trinity River Campus East**

**APPLICATION DEADLINE: July 18, 2025**

**Email Application and Supporting Documents to:  
[TR.HealthCareAdvising@tccd.edu](mailto:TR.HealthCareAdvising@tccd.edu)**

**PROGRAM DESCRIPTION:**

This 232-hour continuing education workforce program prepares you to code medical information for insurance purposes, provides instruction on disease processes, and trains you in the use of classification manuals. This program is accredited by the [American Academy of Professional Coders \(AAPC\)](#).

**ELIGIBILITY REQUIREMENTS:**

- Minimum 18 years of age
- High school graduate or GED
- Passing score on The Adult Basic Education (TABE) or Texas Success Initiative (TSI) test, if applicable
- Compliance with the American Academy of Professional Coders (AAPC) regulations

**Licensing Notice: Texas House Bill 1508**

This program prepares students for an occupational license. However, students may not be eligible for licensing if they have a prior criminal history. For more details, see [Texas House Bill 1508 Licensing Requirements](#).

**PROGRAM COURSES AND TUITION\***

*Students register and pay for the first two courses. Thereafter, they will register and pay for one course at a time.*

	Course	Hours	CEUs	Tuition
1	SCIT-1000 Human Anatomy/Physiology	40	4.0	315.00
2	HITT-1005 Medical Terminology	48	4.8	330.00
3	HITT-1013 ICD-10-CM Coding	48	4.8	365.00
4	HITT-2046 Advanced Medical Coding	96	9.6	845.00
	<b>Total</b>	<b>232</b>	<b>23.2</b>	<b>\$1,855.00</b>

**TEXTBOOKS\***

Course	Title	Fee
SCIT-1000 Human Anatomy/Physiology	<i>Introduction to the Human Body, 11<sup>th</sup> Ed</i>	122.00
HITT-1005 Medical Terminology	<i>Exploring Medical Language, 11<sup>th</sup> Ed</i>	76.00
HITT-1013 ICD-10-CM Coding	<i>AAPC ICD-10-CM Coding &amp; ICD-10-PCS</i>	123.00
HITT-2046 Advanced Medical Coding	<i>AAPC Pro Fee Coder Bundle</i>	245.00
	<b>Total</b>	<b>\$566.00</b>

\*Tuition, textbooks, and fees subject to change.

**CERTIFICATE AND EXAM:**

- Upon program completion,
  - Student will receive a Tarrant County College certificate of program completion.
  - Student will schedule and directly pay for the Certified Professional Coder (CPC) exam through the [American Academy of Professional Coders \(AAPC\)](#)

**\*\*\* KEEP THIS PAGE FOR YOUR RECORDS \*\*\***

**COURSES, TEXTBOOK, AND TUITION/FEES INFORMATION PROVIDED ABOVE**

## APPLICATION PROCESS:

### 1. New Students only

If you have not previously attended TCC, contact a Career Advisor at 817-515-1484 or [TR.HealthCareAdvising@tccd.edu](mailto:TR.HealthCareAdvising@tccd.edu)

### 2. Review the online “Medical Coder Information Session”

Complete and Print your “Information Session Exit Ticket” to submit with your application

### 3. Print, Read, and Complete your application

### 4. Collect the required supporting documents to submit with your application:

- Transcript\* from your highest level of education (high school, GED, or college)  
**NOTE: Diplomas will not be accepted**
- Test scores – if applicable
- Information Session Exit Ticket

### 5. Email your application and supporting documents to [TR.HealthCareAdvising@tccd.edu](mailto:TR.HealthCareAdvising@tccd.edu).

*To be considered for the program, ALL documents must be submitted with your application.*

\*International high school or college transcript must be evaluated for U.S. equivalency.

Please contact:

[International Academic Credential Evaluators, Inc. \(IACEI\)](http://www.iacei.com)

Denton, TX | 940-383-7498

*(All correspondence takes place via phone, email, or mail)*

## ACCEPTANCE:

- Applicant receives from Program Coordinator
  - **Email 1:** a letter of acceptance
  - **Email 2:** registration and payment instructions

## REGISTRATION AND PAYMENT:

- Candidate registers for the first two courses. **Registration is first-come, first-served.**
- Student pays for both courses **in full at time of enrollment**. Failure to complete payment will result in being dropped from both courses.
  - **NOTE:** If student selects Payment Plan, TPEG, or other sponsored billing payment option, the option selected must be completed on the same day of enrollment.

## COMMUNICATION:

- After student enrolls in the first two courses, **ALL** communication will be via their TCC email address ([my.tccd.edu](mailto:my.tccd.edu)). For assistance to activate your TCCD email, view steps on [Tech Support](#) webpage or call 817-515-8324. Tech Support is available 24/7.



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## MEDICAL CODER PROGRAM APPLICATION

TODAY'S DATE \_\_\_\_\_

TCC STUDENT ID \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_

ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP CODE

PHONE NO. \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

AGE \_\_\_\_\_ GENDER \_\_\_\_\_

### ADDITIONAL INFORMATION:

**Ethnicity/Race:** ☐ American Indian/Alaskan Native ☐ White  
☐ Asian ☐ International  
☐ Black/African American ☐ Multi  
☐ Hawaiian/Pacific Islander ☐ Race Unknown  
☐ Hispanic/Latino

**Education:** ☐ High school graduate/GED  
(Check all that apply) ☐ Associates ☐ Masters  
☐ Bachelors ☐ Doctorate

**Currently Employed:** ☐ Yes ☐ No

**Employer Name:** \_\_\_\_\_

I hereby certify that the information contained in this application is complete and true to the best

of my knowledge. I understand

- by signing the application, I am responsible for submitting ALL documents required to be considered for the program.
- the Health Sciences Division faculty and staff will read the information contained in this application.
- that any misrepresentation or falsification of information is cause for denial of admission into the program or dismissal from the program.

I read and understand the licensing notice regarding [Texas House Bill 1508](#). I understand the Medical Coder Program prepares me for an occupational license, however I may not be eligible for licensing based upon the **Texas House Bill 1508**.

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**Applicant Name (Print)**

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**Applicant Signature**

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**Date**

For questions and/or additional information regarding your application and/or testing status, please email [TR.HealthCareAdvising@tccd.edu](mailto:TR.HealthCareAdvising@tccd.edu).

***Application acceptance does not guarantee program entrance.***