



Medical Billing and Administrative Apprentice Application Form

Please complete all questions

Applicant Information

Full Name: _____

Are you Caymanian? YES NO

Date of Birth: (DD/MMM/YY): _____ Age: _____ Male Female

Email: _____ Cell Number: _____

Location: WB GT BT NS EE CYB LC Are you registered with WORC? YES NO

Are you currently employed? YES NO

Can you work in the evenings? YES NO Saturdays? YES NO Sundays? YES NO

Education Background (High School/College/University)

Year _____ Course of Study _____ School/College/University _____

Year _____ Course of Study _____ School/College/University _____

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Year _____ Course of Study _____ School/College/University _____

Year _____ Course of Study _____ School/College/University _____

Employment History

Please provide any previous work experience (if applicable)

Role Screening Exercise

When you attend a medical clinic as a patient, what do you think is important to you?

How would you deliver these things in your role encompassing reception, administration, and billing?

Give an example that demonstrates that you have the personal attributes which are essential for this role.

A patient is not happy with his bill. How would you handle the situation?

How would you manage a high volume of patients and phone calls at the same time?

How would you manage the situation if a doctor is fully booked and a patient comes in wanting to be seen?

A patient has insurance covering 80% of their bill. If the total bill is \$150, how much will the patient need to pay for themselves when checking out?

Barriers

Do you have any barriers to training? Childcare Transportation Healthcare Housing Other _____
Are you in good health (can stand/lift/bend/walk/stoop/no medical issues)? YES NO

Checklist for Application

- Completed Application Form
- CV/Resume (if available)
- Cover Letter
- Copy of exam certificate results or sealed transcript
- Must be registered as a Jobseeker with WORC
- Must be 17 years and older
- Must be fully vaccinated

I certify that the information provided on this form is true and accurate to the best of my knowledge and understand that the provision of or falsification of any information or documentation may impact my registration. Yes No