

LBCC Graduation Worksheet 2005-2006

NAME _____

Associate Of Applied Science
 Medical Assistant

I D. NO. _____

AAS 5212

Instructions: Use this worksheet to track your progress toward graduation. You must be able to check off all the boxes on each page to receive this degree. The college catalog and your advisor are two resources you can turn to if you need help. When you are within two terms of completion, meet with your advisor and have him or her sign this form. You should apply for graduation one term prior to the term you and your advisor determine you will meet all the requirements for completion. **When you apply for graduation you must attach this form to your application. Your application is incomplete without this form signed by your advisor.**

General Education Requirements Are Approved By The Admissions & Records Office

Composition
 WR 121 English Composition 3 cr _____

Speech
 SP 218 Interpersonal Communication 3 cr _____

Math
 MTH 065 Elementary Algebra 4 cr _____

Health & PE

HE 112 Emergency First Aid (1)
 HE 261A CPR for Professional Rescuers (1)
 PE 180 Activity Courses (1) or
 PE 185 Activity Courses (1) or
 PE 190 Activity Courses (1) 3 cr _____

Perspectives

Science, Technology & Society (see catalog page 183) 3 cr _____
 Cultural Diversity & Global Awareness
 BA 224 Human Resource Management (3)
 or
 SPN 101 First Year Spanish (4) 3 cr _____

Please fill out form in dark ink

Degree Evaluator _____

Date _____

FOR OFFICE USE ONLY

Credit Toward This Degree

Total Cr. _____ LBCC Cr. _____ GPA _____ Approved Denied

Registrar _____

Date _____

AP 5212 BC

PROGRAM REQUIREMENTS LISTED ON REVERSE SIDE

Advisor Instructions: This is the student's official record of their progress. The student must present this form to the Admissions Office when they apply for graduation. Please address each requirement by checking off completed courses, indicating which courses the student plans to take, and clearly documenting substitutions or waivers.

PROGRAM REQUIREMENTS ARE APPROVED BY THE DEPARTMENT ADVISOR

		Credits	Waivers/ Substitutions	Advisor Initials	Date Approved
MO5.414	Drug Names & Classifications	3	q	_____	_____
MO5.550	Human Relations in Health Care	3	q	_____	_____
MO5.625	Basic Clinical Office Procedures	5	q	_____	_____
MO5.626	Advanced Clinical Office Procedures	5	q	_____	_____
MO5.630	Medical Terminology & Body Systems I	3	q	_____	_____
MO5.631	Medical Terminology & Body Systems II	3	q	_____	_____
MO5.632	Medical Terminology & Body Systems III	3	q	_____	_____
MO5.640	Administrative Externship	3	q	_____	_____
MO5.641	Clinical Externship	6	q	_____	_____
MO5.650	Basic Electrocardiogram Techniques	1	q	_____	_____
MO5.655	Phlebotomy for Medical Assistants	2	q	_____	_____
MO5.661	Physician's Office Lab Procedures	3	q	_____	_____
MO5.662	Preparation for Certifying Exam (Clinical)	1	q	_____	_____
MO5.665	Documentation & Screening in the Medical Office ...	2	q	_____	_____
OA2.500C	Business Orientation/Medical	1	q	_____	_____
OA2.513	Numeric Keyboarding: Speed & Accuracy	1	q	_____	_____
OA2.513P	Numeric Skillbuilding:Production	1	q	_____	_____
OA2.515M	Business Math with Calculators: Medical	2	q	_____	_____
OA2.544	Medical Insurance Procedures	4	q	_____	_____
OA2.588	Editing Skills for Info Processing	3	q	_____	_____
OA2.612	CWE/Externship Seminar	2	q	_____	_____
OA2.616	Job Success Skills	1	q	_____	_____
OA2.656M	Medical Information Processing	3	q	_____	_____
OA2.670	Medical Office Procedures	4	q	_____	_____
OA2.671	Medical Law & Ethics	2	q	_____	_____
OA2.672	Basic Coding	3	q	_____	_____
OA2.691	Preparation for Certifying Exam (Administrative)	1	q	_____	_____
OA 123A	Typing Skillbuilding	2	q	_____	_____
OA 202	Word Processing for Business: MS Word	3	q	_____	_____

CHANGES MUST ALSO BE APPROVED BY
DIVISION DIRECTOR OR DEAN

Admissions & Records will perform a final evaluation to ensure all courses have been completed with appropriate grades before this degree is awarded to the student. Requirements such as general education, total credits and grade point average must be approved by the Registrar.

DEPARTMENT ADVISOR

Program requirements/proposed substitutions and waivers meet with my approval. Reasons for any changes are indicated and initialed on the appropriate line above.

DIVISION DIRECTOR or DEAN

Changes and/or substitutions in the program requirements have my approval.

Program Advisor Signature

Date

Division Director or Dean Signature

Date