

NAME _____

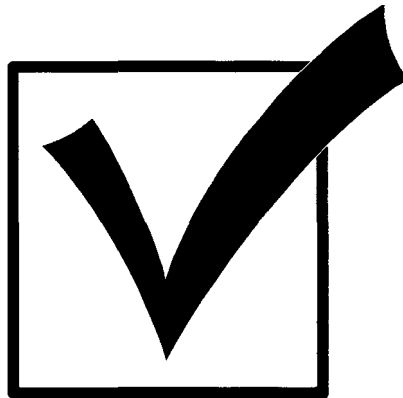
LBCC GRADUATION WORKSHEET 2006-2007 ID No. _____

CERTIFICATE

Medical Office Specialist One-Year

C1 5215

INSTRUCTIONS: Use this worksheet to track your progress toward graduation. You must be able to check off all the boxes on the checklist to receive this certificate. The college catalog and your advisor are two resources you can turn to if you need help. When you are nearing 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 have met 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.**



Degree Evaluator

Date

FOR OFFICE USE ONLY

Credit Toward This Degree

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

C1 5215 BC

Registrar

Date

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
CIS 1250	Introduction to Windows	1	q	_____	_____
MO5.414	Drug Names & Classifications	3	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	_____	_____
MO5.665	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: Medical I	1	q	_____	_____
OA2.544	Medical Insurance Procedures	4	q	_____	_____
OA2.588	Editing Skills for Info Processing	3	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 and Ethics	3	q	_____	_____
OA 122	Formatting	2	q	_____	_____
OA 123A	Typing Skillbuilding	2	q	_____	_____
OA 202	Word Processing for Business: MS Word	3	q	_____	_____

Select 6 Credits from the list of approved electives below

CHANGES MUST ALSO BE APPROVED BY
DIVISION DIRECTOR OR DEAN

OA2.524	Medical Transcription I	3	q		
OA2.527	Applied Document Processing	3	q		
OA2.672	Basic Coding	3	q		
OA2.680	Advanced Coding	3	q		

Admissions & Records will perform a final evaluation to ensure all courses have been completed with appropriate grades before this certificate 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