

NAME \_\_\_\_\_

LBCC Graduation Worksheet 2007 - 2008 ID. NO. \_\_\_\_\_

### Associate of Applied Science

### Medical Assistant

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** Credits  
WR 121 English Composition.....3  \_\_\_\_\_

**SPEECH**  
SP 218 Interpersonal Communication.....3  \_\_\_\_\_

**MATH**  
MTH 065 Elementary Algebra .....4  \_\_\_\_\_

**HEALTH & PE** (select 3 credits)  
\*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  \_\_\_\_\_

**PERSPECTIVE**  
Science, Technology & Society (see catalog page 171).....3  \_\_\_\_\_  
Cultural Diversity & Global Awareness  
BA 224 Human Resources Management (3) or  
SPN 101 First Year Spanish (4).....3  \_\_\_\_\_

\* Required PE/Health course

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

**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

		Waivers/ Substitutions	Advisor Initials	Date Approved
	Credits			
BI 103	General Biology: Human Body .....	4	<input type="checkbox"/>	_____
MO 5.414	Drug Names & Classifications .....	3	<input type="checkbox"/>	_____
MO 5.550	Human Relations in Health Care.....	3	<input type="checkbox"/>	_____
M05.625	Basic Clinical Office Procedures .....	5	<input type="checkbox"/>	_____
MO 5.626	Advanced Clinical Office Procedures .....	5	<input type="checkbox"/>	_____
M05.630	Medical Terminology & Body Sys I .....	3	<input type="checkbox"/>	_____
M05.631	Medical Terminology & Body Sys II .....	3	<input type="checkbox"/>	_____
M05.632	Medical Terminology & Body Sys III .....	3	<input type="checkbox"/>	_____
MO 5.640	Administrative Externship .....	3	<input type="checkbox"/>	_____
MO 5.641	Clinical Externship .....	6	<input type="checkbox"/>	_____
MO 5.650	Basic Electrocardiogram Techniques.....	1	<input type="checkbox"/>	_____
MO 5.655	Phlebotomy for Medical Assistants .....	2	<input type="checkbox"/>	_____
MO 5.661	Physician's Office Lab Procedures .....	3	<input type="checkbox"/>	_____
MO 5.662	Preparation for Certifying Exam (Clinical) .....	1	<input type="checkbox"/>	_____
M05.665	Doc & Screening in the Med Office .....	2	<input type="checkbox"/>	_____
OA2.500C	Business Orientation: Medical .....	1	<input type="checkbox"/>	_____
OA2.513	Numeric Keyboarding: Speed & Accuracy .....	1	<input type="checkbox"/>	_____
OA2.513P	Numeric Skillbuilding: Production .....	1	<input type="checkbox"/>	_____
OA2.515M	Business Math Medical I .....	1	<input type="checkbox"/>	_____
OA2.515MA	Business Math Medical II.....	1	<input type="checkbox"/>	_____
OA2.544	Medical Insurance Procedures .....	4	<input type="checkbox"/>	_____
OA2.588	Editing Skills for Info Processing.....	3	<input type="checkbox"/>	_____
OA 2.612	CWE/Externship Seminar .....	2	<input type="checkbox"/>	_____
OA2.616	Job Success Skills.....	1	<input type="checkbox"/>	_____
OA2.656M	Medical Information Processing .....	3	<input type="checkbox"/>	_____
OA2.670	Medical Office Processing.....	4	<input type="checkbox"/>	_____
OA2.671	Medical Laws & Ethics.....	3	<input type="checkbox"/>	_____
OA2.672	Basic Coding.....	3	<input type="checkbox"/>	_____
OA2.691	Preparation for Certifying Exam (Admin) .....	1	<input type="checkbox"/>	_____
OA2.680	Advanced Coding.....	3	<input type="checkbox"/>	_____
OA 123A	Typing Skillbuilding .....	2	<input type="checkbox"/>	_____
OA 202	Word Processing for Bus: MS Word .....	3	<input type="checkbox"/>	_____

### 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 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