

NAME \_\_\_\_\_

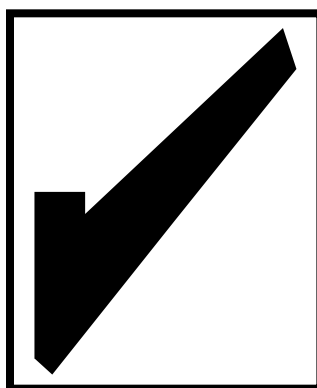
**LBCC GRADUATION WORKSHEET 2007-2008** ID.NO \_\_\_\_\_

**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.**



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Degree Evaluator

Date

**FOR OFFICE USE ONLY**

Credit Toward This Degree

Total Cr \_\_\_\_\_ LBCC Cr \_\_\_\_\_ GPA \_\_\_\_\_ Approved  Denied

\_\_\_\_\_  
Registrar

\_\_\_\_\_  
Date

C1 5215 BC

Advisor Instructions: This is the student's official record of their progress. The student must be 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	Intro to Windows.....	1	<input type="checkbox"/>	_____	_____
MO 5.414	Drug Names & Classifications.....	3	<input type="checkbox"/>	_____	_____
MO 5.630	Medical Terminology & Body Sys I....	3	<input type="checkbox"/>	_____	_____
MO 5.631	Medical Terminology & Body Sys II..	3	<input type="checkbox"/>	_____	_____
MO 5.632	Medical Terminology & Body Sys III	3	<input type="checkbox"/>	_____	_____
MO 5.665	Doc & Screening in the Med Office..	2	<input type="checkbox"/>	_____	_____
OA 2.500C	Business Orientation: Medical.....	1	<input type="checkbox"/>	_____	_____
OA 2.513	Numeric Keyboarding: Speed & Accuracy	1	<input type="checkbox"/>	_____	_____
OA 2.513P	Numeric Skillbuilding: Production .....	1	<input type="checkbox"/>	_____	_____
OA 2.515M	Business Math: Medical I.....	1	<input type="checkbox"/>	_____	_____
OA 2.544	Medical Insurance Procedures.....	4	<input type="checkbox"/>	_____	_____
OA 2.588	Editing Skills for info Processing.....	3	<input type="checkbox"/>	_____	_____
OA 2.616	Job Success Skills .....	1	<input type="checkbox"/>	_____	_____
OA 2.656M	Medical Information Processing.....	3	<input type="checkbox"/>	_____	_____
OA 2.670	Medical Office Procedures .....	4	<input type="checkbox"/>	_____	_____
OA 2.671	Medical Law & Ethics.....	3	<input type="checkbox"/>	_____	_____
OA 122	Formatting.....	2	<input type="checkbox"/>	_____	_____
OA 123A	Typing Skillbuilding.....	2	<input type="checkbox"/>	_____	_____
OA 202	Word Processing for Business: MS Word	3	<input type="checkbox"/>	_____	_____

Choose at least six (6) Credits from either group.

Transcription option:

OA 2.524	Medical Transcription I.....	3	<input type="checkbox"/>	_____	_____
OA 2.527	Applied Document Processing.....	3	<input type="checkbox"/>	_____	_____

Coding Option:

OA 2.672	Basic Coding.....	3	<input type="checkbox"/>	_____	_____
OA 2.680	Advanced Coding.....	3	<input type="checkbox"/>	_____	_____
OA 2.681	Coding in the Hospital.....	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 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