

NAME _____

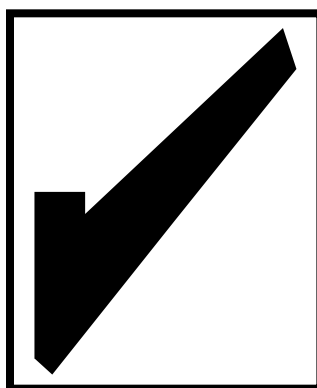
LBCC GRADUATION WORKSHEET 2007-2008 ID.NO _____

CERTIFICATE

MEDICAL TRANSCRIPTIONIST ONE-YEAR

C1 5213

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

Registrar

Date

C1 5213 BC

PROGRAM REQUIREMENTS

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"/> | _____ | _____ |
| OA 2.500C | Business Orientation: Medical..... | 1 | <input type="checkbox"/> | _____ | _____ |
| OA 2.505 | Voice Recognition..... | 2 | <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 2.527 | Applied Document Processing..... | 3 | <input type="checkbox"/> | _____ | _____ |
| OA 2.529 | Applied Medical Transcription | 5 | <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 OR..... | 2 | <input type="checkbox"/> | _____ | _____ |
| OA 123B | Advanced Typing Skillbuilding OR..... | 2 | <input type="checkbox"/> | _____ | _____ |
| OA 124 | Typing: Speed & Accuracy Dev | 3 | <input type="checkbox"/> | _____ | _____ |
| OA 202 | Word Processing for Business: 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 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