

NAME \_\_\_\_\_

LBCC Graduation Worksheet 2008 - 2009 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  \_\_\_\_\_

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

**Health & PE** (select 3 credits)  
\*HE 112 Emergency First Aid (1)  
HE 125 Occupational Safety & Health (3)  
HE 225 Social & Individual Health Determinants (3)  
HE 252 First Aid (3)  
\*HE 261A CPR for Professional Rescuers(1)  
PE 180 Activity Courses (1)  
PE 185 Activity Courses (1)  
PE 190 Activity Courses (1)  
PE 231 Lifetime Health & Fitness (3cr) ..... 3  \_\_\_\_\_

**Perspectives**  
Science, Technology & Society (see catalog page 170)..... 3  \_\_\_\_\_  
Cultural Diversity & Global Awareness ..... 3  \_\_\_\_\_  
Choose one course  
BA 224 Human Resources Management (3)  
SPN 101 First Year Spanish (4)

**\*Required courses**

Degree Evaluator \_\_\_\_\_ Date \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>			
Credit Toward This Degree			
Total Cr. _____	LBCC Cr _____	GPA _____	Approved <input type="checkbox"/> Denied <input type="checkbox"/>
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. CHANGES MUST ALSO BE APPROVED BY DIVISION DIRECTOR OR DEAN**

		Credits	Waivers/ Substitutions	Advisor Initials	Date Approved
M05.414	Drug Names & Classifications .....	3 <input type="checkbox"/>	_____	_____	_____
M05.550	Human Relations in Health Care .....	3 <input type="checkbox"/>	_____	_____	_____
M05.625	Basic Clinical Office Procedures .....	5 <input type="checkbox"/>	_____	_____	_____
M05.626	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"/>	_____	_____	_____
M05.640	Administrative Externship .....	3 <input type="checkbox"/>	_____	_____	_____
M05.641	Clinical Externship .....	6 <input type="checkbox"/>	_____	_____	_____
M05.650	Basic Electrocardiogram Techniques .....	1 <input type="checkbox"/>	_____	_____	_____
M05.655	Phlebotomy for Medical Assistants .....	2 <input type="checkbox"/>	_____	_____	_____
M05.661	Physician's Office Lab Procedures .....	3 <input type="checkbox"/>	_____	_____	_____
M05.662	Prep 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 I.....	1 <input type="checkbox"/>	_____	_____	_____
OA2.513	Numeric Keyboard: 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"/>	_____	_____	_____
OA2.551M	Communication in Business: Medical .....	3 <input type="checkbox"/>	_____	_____	_____
OA2.588	Editing Skills for Info Processing.....	3 <input type="checkbox"/>	_____	_____	_____
OA2.612	CWE/Externship Seminar .....	2 <input type="checkbox"/>	_____	_____	_____
OA2.616	Job Success Skills.....	1 <input type="checkbox"/>	_____	_____	_____
OA2.619	Electronic Health Records.....	1 <input type="checkbox"/>	_____	_____	_____
OA2.656M	Medical Information Processing .....	3 <input type="checkbox"/>	_____	_____	_____
OA2.670	Medical Office Procedures .....	4 <input type="checkbox"/>	_____	_____	_____
OA2.671	Medical Law & Ethics .....	3 <input type="checkbox"/>	_____	_____	_____
OA2.672	Basic Coding .....	3 <input type="checkbox"/>	_____	_____	_____
OA2.691	Prep for Certifying Exam (Administrative)	1 <input type="checkbox"/>	_____	_____	_____
OA 123A	Typing Skillbuilding.....	2 <input type="checkbox"/>	_____	_____	_____
OA 202	Word Processing for Bus: MS Word.....	3 <input type="checkbox"/>	_____	_____	_____

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