

**PROGRAM OF STUDIES  
FOR MEDICAL BILLING  
OCCUPATIONAL CERTIFICATE OF COMPLETION**

(Submit to Graduation Office after all signatures obtained)

**Student Name:** \_\_\_\_\_ **Student ID:** \_\_\_\_\_

**Name of Program: Medical Billing**

**Completion Date:** \_\_\_\_\_

**REQUIREMENTS:**

**Core Requirements:**

Course #	Title	Credits	Term	Completed	Grade
HLTH 100	Medical Terminology	3			
CIOS 150	Computer Business Applications <u>OR</u> documentation of computer skills <u>AND</u> approved elective	1-3			
HLTH 236	Outpatient Health Care Reimbursement	3			
HLTH 237	Inpatient Health Care Reimbursement	3			

**Additional Requirements:**

**Total Credits Required 12**

I certify that the above named student has successfully completed all of the requirements for this Occupational Certificate of Completion and request that it be posted to his/her transcript for \_\_\_\_\_ semester \_\_\_\_\_ year.

Program Head: \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_  
(printed name)

Campus Director: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(printed name)

Dean: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Printed name)

For Enrollment Services Only:  
Process date \_\_\_\_\_ Processed by \_\_\_\_\_