

**PROGRAM OF STUDIES
FOR MEDICAL OFFICE RECEPTION
OCCUPATIONAL CERTIFICATE OF COMPLETION**
(Submit to Graduation Office after all signatures obtained)

Student Name: _____ **Student ID:** _____

Name of Program: Medical Office Reception

Completion Date: _____

REQUIREMENTS:

Core Requirements:

Course #	Title	Credits	Term	Completed	Grade
HLTH 100	Medical Terminology	3			
HLTH 110	Professional Skills in the Workplace	2			
HLTH 118	Medical Laws & Ethics	2			
HLTH 132	Administrative Procedures I	2			
CIOS 150	Computer Business Applications <u>OR</u> documentation of computer skills <u>AND</u> approved elective	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 _____