CERTIFICATE

Name	EMPLID	Date
Email Address	Anticipated Quarter of Completion Fall_____Winter_____Spring_____Summer_____20_____	
Mailing Address	City/State	Zip Code

INFORMATION TECHNOLOGY – Health Information Technology (HIT)

SECTION I				SECTION II	SECTION III	
	This Qtr	**Past Qtr**	**Next Qtr**	**Code:** **T=Transfer** **C=Challenge** **W=Work Exp.**	**Credits**	INSTRUCTIONS
Core Requirements						1. Place an "X" in the appropriate column of Section I.
AHE 126 Essential Skills in Healthcare					2	
BTM 111 Business Applications I					5	
IT 100 IT Fundamentals					5	2. If applicable, enter codes in Section II.
IT 130 Network Essentials					5	
IT 141 Intro to Computer Hardware					5	
IT 142 Operating Systems					5	3. Submit your application to the Registration Office in Room BE1104 or credentials.central @seattlecolleges. edu.
IT 213 EHR Essentials I					3	
General Education Requirements						
ENGL& 101 English Composition I					5	
CMST& 101 Intro to Communications					5	
HUM 105 Intercultural Communications					5	
						NOTES:
				Total Credits	**45**	

Evaluator	Date	Associate Dean	Date		Dean	Date