

## APPLICATION FOR VOCATIONAL TECHNICAL AWARD

Student's Name (Must match student record)							Today's Date				
Student Identification Number		Email Address			When do you plan to complete your program? (Circle) Fall Winter Spring Summer 20__						
Street Address				City, State & Zip Code		Phone Number					
<b>COURSE TITLE</b>				<b>SECTION I</b>		<b>SECTION II</b>		<b>SECTION III</b>			
<b>Certificate in the Medical Assistant program</b>				This Qtr	Past Qtr	Next Qtr	Transfer	Challenge	Work Exp	Do Not Write In This Section	
<b>Prerequisite Courses (10 credits)</b>										<b>#</b>	<b>INSTRUCTIONS</b>
BCT 111	Computer Literacy and Application Fundamentals									5	1. Place a √ in one of the columns in Section I.
<b>or</b> BUS 169	Using Computers in Business									5	
AMA 117	Medical Terminology									5	
<b>or</b>											
AHL 113/114	Medical Terminology I/Medical Terminology II									3/3	
<b>Technical Specialty Courses (57 credits)</b>											2. Section II is for the student who is getting credit for a course <b>NOT taken</b> at SCC. Check the appropriate box if this section applies to you.
CMA 101	Introduction to Medical Assisting									5	
CMA 102	Fundamentals of Administrative Medical Assisting									4	
CMA 103	Fundamentals of Clinical Medical Assisting									6	
CMA 104	Billing and Coding Procedures									5	
CMA 105	Phlebotomy and Laboratory Procedures									10	
CMA 106	Administrative and Clinical Practice/Review									7	
CMA 107	Medication Administration and Pharmacology									8	
CMA 108	Medical Assisting Practicum									6	
CMA 109	Medical Assisting Practicum II									6	
											3. Return this form to the Registration Office in Room BE1104.
<b>TOTALS</b>										57	<b>G.P.A.</b>

Evaluator \_\_\_\_\_ (Date) \_\_\_\_\_