

MUST BE RETURNED TO THE CSIS DEPARTMENT FOR PROCESSING

REC'D AT FRONT COUNTER BY _____

PETITION FOR CERTIFICATE

DATE REC'D _____

MEDICAL BILLING/CODING
15 units – Minimum of "C" Required in Each Course
Santa Monica College

PRINT YOUR NAME:

PRINT YOUR NAME EXACTLY AND IN THE ORDER YOU WANT IT TO APPEAR ON YOUR CERTIFICATE

ADDRESS:

(to mail certificate) Street Apt. No. City State or Foreign Country Zip Code

SMC ID. #: _____ DATE OF BIRTH: _____ TELEPHONE: _____
(required)

EMAIL ADDR: _____ CELL PHONE: _____

Note: Students who do not complete certificate requirements during filing period must re-apply.

If using coursework from other college(s), please indicate name(s) of institution(s):

Note: Students need to attach copies of transcripts from other schools when submitting this application.

Student Signature: _____ Date _____
(Required)

FOR OFFICE USE ONLY

Do Not Write Below this Line

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Required Courses (15 Units):

Course (units)	*Substitute Course/School	Sem./Year	Grade	Units	Need
CIS 30, Microsoft Excel (3)					
OFTECH 20, Medical Vocabulary (3)					
OFTECH 23, MediSoft (3)					
OFTECH 24, Medical Coding/Billing 1 (3)					
Select 3 Units from the following courses: OFTECH 1, Keyboarding 1 (3) OFTECH 1A, Keyboarding 1A (1) OFTECH 1B, Keyboarding 1B (1) OFTECH 1C, Keyboarding 1C (1) OFTECH 9, Keyboarding Improvement (1) OFTECH 10, Skill Building for the Keyboard (3)					

*To be done in consultation with department chair or designated coordinator.

Rec'd: _____ A & R Evaluator: _____

Granted: _____ Denied: _____ Entered: _____

Printed: _____ Signed: _____ Mailed: _____