

MUST BE RETURNED TO THE CSIS DEPARTMENT FOR PROCESSING

PETITION FOR CERTIFICATE

REC'D AT FRONT COUNTER BY _____

DATE REC'D _____

Electronic Medical Records Clerk
9 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:
(Required)

Date

FOR OFFICE USE ONLY

Do Not Write Below this Line

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Required Courses (9 Units):

Course (units)	*Substitute Course/School	Sem./Year	Grade	Units	Need
CIS 4, Business Inf. Systems with Applications (3)					
OFTECH 20, Medical Vocabulary (3)					
OFTECH 28, Electronic Health Records (3)					

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

Rec'd: _____ Dept. Chair: _____

Granted: _____ Denied: _____ Entered: _____

Printed: _____ Signed: _____ Mailed: _____