MUST BE RETURNED TO THE CSIS DEPARTMENT FOR PROCESSING

REC'D AT FRONT COUNTER BY _____

DATE REC'D _____

PETITION FOR CERTIFICATE

Hospital Inpatient Coder

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:	**Date**
(Required)	

FOR OFFICE USE ONLY
Do Not Write Below this Line   **Do Not Write Below this Line**   **Do not Write Below this Line**

Required Courses (9 Units):

Course (units)	*Substitute Course/School	Sem./Year	Grade	Units	Need
OFTECH 20, Medical Vocabulary (3)					
OFTECH 25, Medical Coding/Billing 2 (3)					
OFTECH 26, Medical Coding/Billing 3 (3)					

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

Rec'd:_____	Dept. Chair: _____	
Granted:_____	Denied: _____	Entered:_____
Printed:_____	Signed: _____	Mailed:_____