

**MUST BE RETURNED TO THE CSIS DEPARTMENT FOR PROCESSING**

REC'D AT FRONT COUNTER BY \_\_\_\_\_

PETITION FOR CERTIFICATE

DATE REC'D \_\_\_\_\_

**MEDICAL RECORDS CLERK/RECEPTIONIST**

*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:  
(Required)

Date

**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 4, Introduction to Computers, Business Applications (3)					
OFTECH 5, English Skills for the Office (3)					
OFTECH 20, Medical Vocabulary (3)					
OFTECH 27, Medical Office Procedures(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: \_\_\_\_\_