

PROGRAM AND AWARD PLANNING FORM

Program: Medical Assisting Technology-Medical Billing & Coding Option (MCO)
Award: Short-Term Certificate
Catalog: 2016-2017

STUDENT NAME _____ **STUDENT NUMBER** _____

Semester/Year	Grade	Required Selection	HRS
_____	_____	MAT 101 Medical Terminology OR OAD 211 Medical Terminology	3
_____	_____	MAT 102 Medical Assisting Theory I	3
_____	_____	MAT 103 Medical Assisting Theory II	3
_____	_____	MAT 120 Medical Administrative Procedures I OR OAD 214 Medical Office Procedures	3
_____	_____	MAT 121 Medical Administrative Procedures II	3
_____	_____	MAT 220 Medical Office Insurance	3
_____	_____	HIT 230 Medical Coding Systems I	3
_____	_____	HIT 232 Medical Coding Systems II	3
_____	_____	OAD 242 Office Internship	3

Total Semester Credit Hours **27**

 Student's Signature Date Advisor Signature Date