



CAREER & TECHNICAL EDUCATION CERTIFICATE
HEALTHCARE PROVIDER: EMS Clinical Office Specialist Certificate
PROGRAM WORKSHEET AND GRADUATION REQUIREMENTS

Student Name: _____ **Aims #:** _____ **Graduation Evaluator:** _____
Advisor: _____ **Ext:** _____ **Date:** _____

<u>Course Number</u>	<u>Requirements</u>	<u>Required Credits</u>	<u>Term Completed</u>	<u>Transfer Credits</u>	<u>Transfer School</u>	<u>Needs</u>
CIS 118	Introduction PC Applications	3	_____	_____	_____	_____
MOT 130	Insurance, Billing and Coding	3	_____	_____	_____	_____
HPR 106	Law & Ethics for Health Care Providers	2	_____	_____	_____	_____
HPR 142	Human Relations	4	_____	_____	_____	_____
SPA 175	Special Topics (Basic Conversational Spanish)	2	_____	_____	_____	_____
TOTAL CREDITS FOR CERTIFICATE:		14				