



**CAREER & TECHNICAL EDUCATION CERTIFICATE
HEALTHCARE PROVIDER: Medical Clinical Assistant 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>
MOT 136	Introduction to Clinical Skill	2	_____	_____	_____	_____
MOT 138	Medical Assisting Laboratory Skills	4	_____	_____	_____	_____
MOT 140	Medical Assisting Clinical Skills	4	_____	_____	_____	_____
MOT 280	Clinical Internship	3	_____	_____	_____	_____
TOTAL CREDITS FOR CERTIFICATE:		13				