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

REC'D AT FRONT COUNTER BY _____

DATE REC'D _____

PETITION FOR CERTIFICATE

# MEDICAL RECORDS CLERK/RECPTIONIST
*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:**                                            **Date**
**(Required)**

**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:<br><br>OFTECH 1, Keyboarding 1 (3)<br>OFTECH 1A, Keyboarding 1A (1)<br>OFTECH 1B, Keyboarding 1B (1)<br>OFTECH 1C, Keyboarding 1C (1)<br>OFTECH 9, Keyboarding Improvement (1)<br>OFTECH 10, Skill Building for the Keyboard (3) | | | | | |

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

Rec'd:_____  Dept. Chair: _____

Granted:_____  Denied: _____  Entered:_____

Printed:_____  Signed: _____  Mailed:_____