

**PROGRAM OF STUDIES  
FOR MEDICAL CODING  
OCCUPATIONAL CERTIFICATE OF COMPLETION**  
(Submit to Graduation Office after all signatures obtained)

**Student Name:** \_\_\_\_\_ **Student ID:** \_\_\_\_\_

**Name of Program: Medical Coding**

**Completion Date:** \_\_\_\_\_

**REQUIREMENTS:**

**Core Requirements:**

| Course # | Title  | Credits | Term | Completed | Grade |
|----------|--|---------|------|-----------|-------|
| HLTH 100 | Medical Terminology  | 3       |      |           |       |
| CIOS 150 | Computer Business Applications<br>OR documentation of computer skills AND<br>approved elective | 3       |      |           |       |
| HTH 208  | Human Diseases   | 3       |      |           |       |
| HLTH 235 | Medical Coding*  | 4       |      |           |       |

**\* Must complete HLTH 235 with a B or better**

**Additional Requirements:**

**Total Credits Required 13**

I certify that the above named student has successfully completed all of the requirements for this Occupational Certificate of Completion and request that it be posted to his/her transcript for \_\_\_\_\_ semester \_\_\_\_\_ year.

Program Coord./Dept. Chair: \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_  
(printed name)

Campus Director: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(printed name)

Dean: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Printed name)

For Enrollment Services Only:  
Process date \_\_\_\_\_ Processed by \_\_\_\_\_