

Name (last,first): _____		CERTIFICATE CHECKLIST - FALL 2003	
Date: _____ SSN: _____		Medical Office Assistant	
Evaluator: _____ Phone: _____		All courses must have a grade of "C" or above. All courses must be completed at San Joaquin Delta College. Units earned through Credit by Exam do not apply.	
Applied: Year _____ Summer _____ Fall _____ Spring _____		Notes: _____	
Status: _____ Pending _____ Complete _____ Denied _____		_____	

Minimum units required = 17.5

		Units	Grade	Verified
BIM 1A	Beginning Keyboarding	1.5		
BIM 38	Office Technologies	3.0		
BIM 42	Records Management & Filing	3.0		
BUS 10A	Bookkeeping	3.0		
BUS 94F	Customer Service Strategies	1.0		
HS 36	Medical Terminology & Speech	3.0		
CS 20	Microsoft Word, Excel, & Access	3.0		
<u>OR</u>				
CS 45 &	Microsoft Windows	1.0		
CS 95B &	MicroSoft Word	1.0		
CS 95C	MicroSoft Excel	1.0		