Application for Award SKILLS CERTIFICATE IN HEALTH OCCUPATIONS

Academic Plan: H123000J



Instructions to student:

- 1. Please complete this form.
- 2. Attach copies of your transcripts which include classes required for this certificate.
- 3. Return your completed application to Admissions & Records (SSA 218) 310-233-4020, or use your district email account (ends in @student.laccd.edu) to email completed forms to arhelp@lahc.edu.
- 4. A notice will be sent to you by email once your application is reviewed and processed.

Course	Name	Units	Grade	Semester Completed	Year Completed
HLTHOCC 062	Skill Set for the Health Care Professional	2			
HLTHOCC 063	Basic Medical Terminology, Pathophysiology and Pharmacology for the Health Care Professional	2			
HLTHOCC 064	Cultural and Legal Topics for Health Care Professionals	1			
HLTHOCC 065	Fundamentals for the Health Care Professional	2.5			
	Total Units	7.5			

Student Name: Student ID Number: Address:	FOR OFFICE USE ONLY Do not write in this box Granted Denied			
City: State: Zip:	Pending Notes:			
Phone:	Reviewed by:			
By signing below I certify that all information is true and correct to the best of my knowledge.	on date:			
Signature: Date:	Student notified by email on date:			