

Application for Award SKILLS CERTIFICATE IN MEDICAL OFFICE ASSISTANT

Academic Plan: H051421J



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
BIOLOGY 033	Medical Terminology	3			
CAOT 009	Computer Keyboarding Improvement	1			
CAOT 021	Medical Secretarial Procedures I	5			
CAOT 064	CAOT Laboratory	1			
CAOT 084	Microcomputer Office Applications: Word Processing	3			
CAOT 086	Microcomputer Office Applications: Database	3			
	Total Units	16			

Student Name: _____

Student ID Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: _____

By signing below I certify that all information is true and correct to the best of my knowledge.

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Do not write in this box

☐ Granted

☐ Denied

☐ Pending

Notes: _____

Reviewed by: _____

on date: _____

Student notified by email on date: _____