

# Application for Award CERTIFICATE OF ACHIEVEMENT IN MEDICAL OFFICE ASSISTANT

Academic Plan: H0021637D



## 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](mailto: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 001    | Computer Keyboarding and Document Applications I  | 3     |       |                    |                |
| CAOT 002    | Computer Keyboarding and Document Applications II | 3     |       |                    |                |
| CAOT 021    | Medical Secretarial Procedures I                  | 5     |       |                    |                |
| CAOT 033    | Records Management & Electronic Filing            | 3     |       |                    |                |
| CAOT 034    | Business Terminology                              | 2     |       |                    |                |
| CAOT 064    | Business Administration Lab                       | 1     |       |                    |                |
| or CAOT 185 | Directed Study CAOT                               | 1     |       |                    |                |
| CAOT 079    | Word Processing Applications                      | 3     |       |                    |                |
| CAOT 082    | Microcomputer Software Survey in the Office       | 3     |       |                    |                |
| CAOT 085    | Microcomputer Office Applications: Spreadsheets   | 3     |       |                    |                |
| CAOT 086    | Microcomputer Office Applications: Database       | 3     |       |                    |                |
| Total Units |   | 32    |       |                    |                |

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: \_\_\_\_\_

\_\_\_\_\_