



CAÑADA COLLEGE

Business, Design, & Workforce Division Petition for Medical Assisting: Medical Billing Specialist Certificate of Achievement

I hereby petition to receive from Cañada College the Medical Assisting: Medical Billing Specialist Certificate of Achievement at the conclusion of the FALL _____ SPRING _____ Semester. (SUMMER by special arrangement only)

NAME TO APPEAR ON CERTIFICATE (print):

(First) (Middle) (Last)
YOUR NAME(print) _____
(First) (Middle) (Last)

MAILING ADDRESS _____
(Number) (Street) (Apartment) (City) (Zip)

COLLEGE ID"G" NO. _____ - _____ - _____ HOME TELEPHONE (____) _____ - _____

EMAIL _____ CELL PHONE NO. (____) _____ - _____

Yes No
 I am applying units completed at another college towards my certificate.
If yes, official transcripts from that college have been sent to Cañada College as transfer units. Name of College/University _____

YOUR SIGNATURE _____ DATE _____

FOR OFFICE USE ONLY

INITIAL REVIEW

FINAL REVIEW

Approved: _____ Pending: _____ Denied: _____
Counselor notified: _____
Student notified: _____
Copy of letter(s) attached: _____
Reason for pending or denied status: _____

Approved: _____ Denied: _____
Counselor notified: _____
Student notified: _____
Copy of letter(s) attached: _____
Reason for pending or denied status: _____

Units GPA to Date
[] []
Cum Laude Magna Cum Laude Summa Cum Laude
[] [] []

Units GPA to Date
[] []
Cum Laude Magna Cum Laude Summa Cum Laude
[] [] []

Male Female

Petition received in Admissions & Records Office: _____

Certificate Mailed: _____

Initial Evaluation: _____ Date: _____

Final Evaluation: _____ Date: _____

Counselor's Signature: _____ Date: _____

Business, Design, & Workforce Division

Petition for Medical Assisting: Medical Billing Specialist

Certificate of Achievement

CERTIFICATE REQUIREMENTS

- _____ The prescribed courses and units must be completed as identified in the catalog.
- _____ Fifty percent (50%) of the required courses must be completed at Cañada College. Equivalent lower division courses completed at other institutions holding district approved accreditation may be submitted on a Request for Substitution petition for consideration to satisfy some certificate requirements.
- _____ All CORE classes applied to the certificate must receive a grade of C or better.
- _____ Computer Literacy Requirement: satisfactory completion of a minimum of 1 unit in designated computer related courses (**PLEASE NOTE: Required *ONLY* if using an academic catalog *PRIOR* to 2011-2012**).
- _____ Students must be in “good academic standing” to receive a certificate.

Please indicate which catalog (academic year) you are following: _____

You must complete ALL REQUIRED COURSES FOR THE CERTIFICATE as listed below:

CORE REQUIREMENTS	UNITS	COMPLETED
ACTG 100 Accounting Procedures	3.0	_____
MEDA 100 Introduction to Medical Assisting	3.0	_____
MEDA 110 Basic Medical Terminology I	3.0	_____
MEDA 111 Basic Medical Terminology II	3.0	_____
MEDA 150 Medical Office Procedures	3.0	_____
MEDA 160 Medical Insurance Procedures	3.0	_____
MEDA 161 ICD (International Classification of Diseases)-9-CM (Clinical Modification) Beginning Coding	1.0	_____
MEDA 162 ICD (International Classification of Diseases)-9-CM (Clinical Modification) Intermediate Coding	1.0	_____
MEDA 163 ICD (International Classification of Diseases)-9-CM (Clinical Modification) Advanced Coding	1.0	_____
MEDA 164 CPT (Current Procedural Terminology) Beginning Coding	1.0	_____
MEDA 165 CPT (Current Procedural Terminology) Intermediate Coding	1.0	_____
MEDA 166 CPT (Current Procedural Terminology) Advanced Coding	<u>1.0</u>	_____
Total	24.0	_____

IP = IN PROGRESS
 () = TRANSFER FROM
 OTHER COLLEGE
 ✓ = COMPLETED

*** INCOMPLETE PETITIONS WILL NOT BE ACCEPTED!**