



CAÑADA COLLEGE

Business, Workforce, & Athletics 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)

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

Approved: _____ Pending: _____ Denied: _____

Counselor notified: _____

Student notified: _____

Copy of letter(s) attached: _____

Reason for pending or denied status: _____

Units GPA to Date Honors High Honors

Initial Evaluation: _____ Date: _____

Final Evaluation: _____ Date: _____

Counselor's Signature: _____ Date: _____

Business, Workforce, & Athletics 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 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 (see current catalog).
- _____ 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 | 3.0 | _____ |
| MEDA 111 Intermediate Medical Terminology | 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-9-CM Intermediate Coding | 1.0 | _____ |
| MEDA 163 ICD-9-CM Advanced Coding | 1.0 | _____ |
| MEDA 164 CPT (Current Procedural Terminology) Beginning Coding | 1.0 | _____ |
| MEDA 165 CPT – Intermediate Coding | 1.0 | _____ |
| MEDA 166 CPT – Advanced Coding | <u>1.0</u> | _____ |
| Total | 24.0 | |

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

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