PROGRAM AND AWARD PLANNING FORM

Program: **Medical Assisting Technology-Medical Billing & Coding Option (MCO)**
Award: **Short-Term Certificate**
Catalog: **2019-2020**

STUDENT NAME_____ STUDENT NUMBER_____

Semester/Year	Grade	Required Selection	HRS
_____	_____	MAT 101 Medical Terminology	3
_____	_____	MAT 102 Medical Assisting Theory I **OR** BIO 201 Human Anatomy & Physiology	3
_____	_____	MAT 103 Medical Assisting Theory II **OR** BIO 202 Human Anatomy & Physiology	3
_____	_____	MAT 120 Medical Administrative Procedures I	3
_____	_____	MAT 121 Medical Administrative Procedures II	3
_____	_____	MAT 220 Medical Office Insurance	3
_____	_____	HIT 230 Medical Coding Systems I	3
_____	_____	HIT 232 Medical Coding Systems II	3
_____	_____	OAD 242 Office Internship	3
		Total Semester Credit Hours	**27**

_____ _____

Student's Signature Date Advisor Signature Date