

Name: \_\_\_\_\_ SID #: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**MAJOR: MEDICAL OFFICE ADMINISTRATION**  
 (Career Technical | Certificate of Achievement • Associate in Science)

CERTIFICATE REQUIREMENTS	Units	Other Colleges	N	IP	C
<b>REQUIRED CORE:</b>	36				
ANAT 5 Human Biology (4)					
BUSI 120A Basic Accounting (3)					
CSIS 50 MS Office Applications (2)					
& CSIS 50L MS Office Applications Lab (1)					
MEDA 100 Introduction to Health Careers (1)					
MEDA 101 Ethics/Law/IT Security in the Med. Ofc (3)					
MEDA 105 Medical Terminology (4)					
MEDA 110 Medical Office Management (3)					
MEDA 112 Medical Office Computer Applications (2)					
MEDA 113 Medical Procedure Coding (3)					
MEDA 114 Medical Insurance Management (2)					
MEDA 116 Medical Linguistics & Transcription (2)					
MEDA 117 ICD 10 Coding (3)					
MEDA 118 Pharmacology & Human Diseases (3)					
Current valid healthcare provider CPR certificate (American Heart Association only)					
<b>Select one course from the following:</b>	3-4				
ENGL 1A College Composition (3)					
ENGL 111 Acad. Reading & Writing (4)					
ENSL 110 Adv. Writing (4)					
<b>TOTAL CERTIFICATE UNITS</b>	<b>39-40</b>				
<i>MATH 261 Beginning Algebra is also recommended.</i>					

ASSOCIATE DEGREE MAJOR REQUIREMENTS	Units				
REQUIRED CORE Certificate Requirements	36				
Current valid healthcare provider CPR certificate (American Heart Association only)					
<b>TOTAL MAJOR UNITS</b>	<b>36</b>				
<i>Recommended electives:</i>					
BUSI 120B QuickBooks Online Acctg Sftwr (3)					
PSYC 50 Health Psychology (3)					

GRADUATION REQUIREMENTS			N	IP	C
Reading/Writing Competency:		College Course:			
Math Competency:		College Course:			
Information Competency:					
12 Units in Residence (at least 6 units in the major)					
General Education Pattern:	MPC GE <input type="checkbox"/>	CSU GE <input type="checkbox"/>	IGETC <input type="checkbox"/>		
Completion of Major (Grade of "C" or better in each course)					
60 Degree-Applicable Units					
GPA 2.0 or higher					
Notes   Course Waived/Substituted:					

Counselor Signature: \_\_\_\_\_ Date: \_\_\_\_\_