



# CAÑADA COLLEGE

## Business, Workforce, & Athletics Division Petition for Medical Assisting Certificate of Achievement

I hereby petition to receive from Cañada College the Medical Assisting 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 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
BIOL        130    Human Biology	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       115    Medical Word Processing	3.0	_____
MEDA       120    Clinical Procedures I	4.0	_____
MEDA       121    Clinical Procedures II	4.0	_____
MEDA       140    Medical Transcription: Basic	3.0	_____
MEDA       150    Medical Office Procedures	3.0	_____
MEDA       160    Medical Insurance Procedures	3.0	_____
MEDA       190    Introduction to Pharmacology	3.0	_____
MEDA       672    Cooperative Education: Internship	<u>3.0</u>	_____
Total	38.0	

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