CAÑADA COLLEGE

Business, Design, & Workforce 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)

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

Units	GPA to Date		Units	GPA to Date
☐	☐		☐	☐

Cum Laude	Magna Cum Laude	Summa Cum Laude		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: _____

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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
BIOL	130	Human Biology	3.0	_____
MEDA	100	Introduction to Medical Assisting	3.0	_____
MEDA	110	Basic Medical Terminology I	3.0	_____
MEDA	111	Basic Medical Terminology I	3.0	_____
MEDA	115	Introduction to Electronic Health Record	3.0	_____
MEDA	120	Clinical Procedures I	4.0	_____
MEDA	121	Clinical Procedures II	4.0	_____
MEDA	140	Implementation of Electronic Health Record	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	3.0	_____
Total			38.0	

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

* INCOMPLETE PETITIONS WILL NOT BE ACCEPTED!

[Medical Assisting; J. Pounds, 2013-14]