

Student Name:
 Local Program Name: Medical Assisting
 Student Type:
 Schedule Type:
 Cohort/Block Number:
 Campus

FY:

Block/Instructor(PID):		HOSA					CTSO	Distance Education	HOURS: 8:00 - 10:50 AM 12:00 - 2:50 PM
Class Schedule:		Day:	Monday	Tuesday	Wednesday	Thursday	Friday	ADDITIONAL BREAK/INTERSSION DATES:	
Hours:								Start Date:	
Weeks of Instruction		OCAS Code:	9326	CIP Code:	51.0801	CM Code:	HL0016007	End Date:	
		ACAD & OHLAP						SOC Code: 31-9092	

COURSE #	OCAS	ACAD & OHLAP	COURSES	THY/LAB	CLINICAL	TOTAL	START DATE	END DATE	#DAYS	Grade	Notes
			Clinical Procedures	20	100	120					
			Core Medical Terminology	45	0	45					
			Pharmacology	15	30	45					
	5333	x	Anatomy	80	40	120					
			Administrative Medical Assisting	30	0	30					
			Medical Assisting Clinical Experience	0	165	165					
TOTAL COMPLETED HOURS				190	335	525					

Comments:		
In order to complete all hours of the academic program, students must complete additional ____ hours outside of the scheduled class time. Students will receive a written plan for these hours.		
B & I Certifications		
Certification Name	Number	A-F?
Primary: Certified Medical Assistant	8513	Y
Additional:		

SIGNATURES:

Student: _____
 Instructor: _____
 Coordinator: _____
 Administrative: _____