

**Office Technology – Medical Receptionist
Letter of Recognition
Program Planning Sheet**

Student Name: _____

Catalog Year: 2000-2001

Soc. Sec. Number: _____

Course Number	Required Course	Credits Required	Credits Earned	Planning
CMSY 102	Beginning Word Processing	1		
OFFI 279	Keyboarding	1		
OFFI 290	Medical Terminology	2		
OFFI 191	Computerized Medical Billing	1		

NOTES:

Advisor: _____

Date: _____

GPA: _____