

**Office Technology – Medical Transcriptionist
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 176 | English for the Office Professional | 3 | | |
| OFFI 290 | Medical Terminology | 2 | | |
| OFFI 293 | Beginning Medical Transcription | 3 | | |
| OFFI 297 | Advanced Medical Transcription | 2 | | |

NOTES:

Advisor: _____

Date: _____

GPA: _____