

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

Student Name: \_\_\_\_\_

Catalog Year: 1999-2000

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:**

Developmental Courses: \_\_\_\_\_  
 \_\_\_\_\_

Advisor: \_\_\_\_\_ Date: \_\_\_\_\_ GPA: \_\_\_\_\_