

**Office Technology – Medical Transcriptionist
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 102	Editing Skills for Word Processors	3		
OFFI 279	Keyboarding	1		
OFFI 290	Medical Terminology	2		
OFFI 293	Beginning Medical Transcription	3		
OFFI 297	Advanced Medical Transcription	2		

NOTES:

Advisor: _____

Date: _____

GPA: _____