

**Certificate of Proficiency
 MEDICAL TRANSCRIPTION
 MiraCosta College
 Effective Fall 2008 through Summer 2009**

(Office Use Only)

Catalog Number	Course Name	Units
BOT 113	Basic Office Skills	1 _____
BOT 115	Medical Transcription	1.5 _____
NURS 155	Basic Medical Terminology	3 _____
Select at least two elective units from the following:		2 _____
BOT 101	Advanced Keyboarding	(1) _____
BOT 117	Management Office Skills	(1) _____
BUS 292	Internship Studies	(1) _____
TOTAL UNITS		7.5 _____

Requirement: Grade of "C" or better in each course.

OFFICE USE ONLY	Date/Initials
Preliminary Letter OK_____ Not OK_____	
Final Letter OK_____ Not OK_____	
Certificate Mailed	



MIRACOSTA COLLEGE
Student Application
CERTIFICATE OF PROFICIENCY

Name _____ Gender (circle one): M F
Print name exactly as it is to appear on certificate. (First, Middle, Last - use upper and lower case)

Student ID Number _____ SSN _____ - _____ - _____

Telephone Number: _____ E-mail: _____

Student Address to Mail Certificate:

Please return completed form to Daria Davis at the Instructional Services Office on the Oceanside Campus - Bldg. 4700 (M/S 8A) or by mail at MiraCosta College...One Barnard Drive...Oceanside, CA ...92056

Certificate for which you are applying: _____ # of Units: _____
(See college catalog for exact titles)

Have you already completed your certificate? (Yes/No) _____

If Yes, Semester of Completion (i.e., Spring 2008) _____

If No, Anticipated Semester of Completion (i.e., Spring 2009) Fall [] 20__ Spring [] 20__ Summer [] 20__

Do you have any Substitution/Waiver form(s) on file at MiraCosta that include courses needed for this certificate? (Yes/No) _____

If yes, please note that the Substitution/Waiver form(s) must be attached to and turned in with this application

List any/all colleges other than MiraCosta from which you have taken courses to be considered for this certificate:

Are transcripts for the above named college(s) on file at MiraCosta College? (Yes/No) _____

Please note that official transcripts from the above-named college(s) must be on file at MiraCosta College or attached to and turned in with this application.

READ CAREFULLY BEFORE SIGNING

Note: If official transcripts from other colleges and/or course Substitution/Waiver forms are NOT on file at MiraCosta, or if you have courses in progress at another college that are required to complete this Certificate, these documents must be on file at MiraCosta College or attached to and turned in with this application before a Certificate will be awarded. Applications should be returned to the Instructional Services office, Building 4700 on the Oceanside Campus, or mailed to the following address:

Daria Davis
MiraCosta College
One Barnard Drive
Oceanside, CA 92056

Student Signature: _____ Date: _____

FOR OFFICE USE ONLY

[] Transcript(s) Attached [] Substitution Waivers (s) Attached [] Certificate Courses Confirmed by (initials): _____