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Associate in Applied Sciences – Medical Assisting ***(2 years)***

* ***Must complete all courses with a 2.0 or higher BEFORE externship begins***

*Highlighted denotes common Nursing and Medical Assistant courses*

| Sequence Courses | | | |
| --- | --- | --- | --- |
| **MAP 117 Applied Mathematics (5 credits)**  *(Fall)* \*Placement in 94 | | **HED 160 Pharmacology (3 credits)**  *(Spring)* | |
| **PSYC&100 General Psychology (5 credits)**  *(Quarterly)* | | **PSYC&200 Life-Span Psychology (5 credits)**  *(Quarterly)* | |
| **HED 121 The Human Body & Disease I**  *(Fall) (***5 credits)** | **HED 122 The Human Body & Disease II**  *(Winter) (***5 credits)** | | **HED 123 The Human Body & Disease III**  *(Spring) (***5 credits)** |
| **MA 111 Clinical Procedures I (3 credits)**  *(Fall)* (\*Letter of intent due April 30th) | **MA 112 Clinical Procedures II (4 credits)**  *(Winter)* | | **MA 113 Clinical Procedures III (4 credits)**  *(Spring)* |
| **MA 195 Externship Practicum (6 credits)**  *(Summer)* (\*198 hrs over 5 weeks) | | **MA 197 Externship Practicum Seminar (1 credit)**  *(Summer)* | |

| Support Courses | | |
| --- | --- | --- |
| **CSS 105 Intro to Healthcare Studies (3)**  *(F,W,SP) (\*Other CSS will not be accepted)* | **ENGL&101 English Composition (5)**  *(Quarterly)* | **CMST& 220 Public Speaking (5)**  *(Quarterly)* |
| **HED 119 Medical Terminology (5)**  *(Fall, Winter, Spring)* | **BIM 113 Intro to Computers in the Medical Office (5)** *(Winter)* | **HED 239 Medical Ethics (2)**  *(Winter)* |
| **NUTR 101 (5)**  *(Quarterly)* | **FAD 150 First Aid (Healthcare Provider CPR)** *(Quarterly)* **(2)** |  |

| Recommended Program Elective |
| --- |
| **EDUC&115 Child Development (5); BIM 101 (1-2), 102 (1-4), 104 (1-3), 109 (1-3), 110 (3) SOC 101 (5)** |

English Placement Results

Math Placement Results

**Big Bend Community College**

**PROFESSIONAL/TECHNICAL PROGRAM PLAN** Date Catalog Year

Program Title Medical Assistant Advisors Ext. 2137

Student ID# DOB: Phone

Address:

This planning form is designed to help you plan and record progress in your professional/technical program. **Changes or substitutions for course work in the college catalog must be listed and approved by your advisor.** It is essential that you meet quarterly w/ your advisor before registration to review your progress and plan your program.

**PART A: PROFESSIONAL/TECHNICAL COURSE REQUIREMENTS** Refer to the Big Bend Community College catalog and/or Program brochure.

| **Department and Number** | | **Title** | **Cr** | **Qtr/Yr** | |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
| ENGL | 101 | English Composition | 5 |  |  |
| CMST | 220 | Public Speaking | 5 |  |  |
| PSYC | 100 | General Psychology | 5 |  |  |
| PSYC | 200 | Lifespan Psychology | 5 |  |  |
| NUTR | 101 | Nutrition | 5 |  |  |
| CSS | 105 | Intro to Healthcare Studies | 3 |  |  |
| HED | 121 | The Human Body and Disease I | 5 |  |  |
| HED | 122 | The Human Body and Disease II | 5 |  |  |
| HED | 123 | The Human Body and Disease III | 5 |  |  |
| HED | 119 | Medical Terminology | 5 |  |  |
| MAP | 117 | Applied Mathematics (MA\*) | 5 |  |  |
| HED | 160 | Pharmacology for Med Asst | 3 |  |  |
| HED | 239 | Medical Ethics | 2 |  |  |
| BIM | 113 | Using Computers in Medical Office | 5 |  |  |

**PART B: RELATED INSTRUCTION REQUIREMENTS**

| **Department and Number** | | **Title** | **Cr** | **Qtr/Yr** | |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
| FAD | 150 | First Aide | 2 |  |  |
| MA | 111 | Clinical Procedures | 3 |  |  |
| MA | 112 | Clinical Procedures | 4 |  |  |
| MA | 113 | Clinical Procedures | 4 |  |  |
| MA | 195 | Externship/Practicum | 6 |  |  |
| MA | 197 | Externship/Practicum Seminar | 1 |  |  |

**PART C: SUBSTITUTIONS**

| **Required Course** | |  | **Approved Change or Substitution** |  | **Advisors Initials** |  | **Cr** |  | **Qtr/Yr** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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**PART D: ELECTIVES (Above 100 level)**

**7 credits of electives above 100 level required**

| **Suggested Course** | |  | **Approved Change or Substitution** |  | **Advisors Initials** |  | **Cr** |  | **Qtr/Yr** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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**This is an important document; it is your responsibility to maintain it and provide it at advising appointments.**

Your application for graduation/certificate should be completed during the final quarter of your program. Application forms may be obtained from the Admissions Office