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.

Issued by Date

**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** | |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
| FAD | 150 | First Aid | 2 |  |  |
| 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 |  |  |
| HED | 239 | Medical Ethics | 2 |  |  |
| MA | 111 | Clinical Procedures I | 2 |  |  |
| MA | 112 | Clinical Procedures II | 4 |  |  |
| MA | 113 | Clinical Procedures III | 5 |  |  |
| HED | 160 | Pharmacology for Med Asst | 3 |  |  |
| MA | 195 | Externship/Practicum | 6 |  |  |
| MA | 197 | Externship/Practicum Seminar | 1 |  |  |

**PART B: RELATED INSTRUCTION REQUIREMENTS**

| **Department and Number** | | **Title** | | **Cr** | **Qtr/Yr** | |
| --- | --- | --- | --- | --- | --- | --- |
| ENGL | 109 | Applied Technical Writing | **OR** | 3 |  |  |
| ENGL | 101 | English Composition I | 5 |  |  |
| BUS | 120 | Human Relations on the Job | **OR** | 4 |  |  |
| PSYC | 100 | General Psychology | 5 |  |  |
| MAP | 117 | Applied Mathematics (MA)\* | | 5 |  |  |
| CMST | 100 | Human Communication | **OR** | 4 |  |  |
| CMST | 220 | Public Speaking | 5 |  |  |

**Certificate of Achievement**

The Certificate of Achievement is designed to provide recognition for the student who does not plan to complete an Associate in Applied Science degree program.

This certificate includes related instruction and a minimum of 45 credits in an approved program, including:

3-5 credits in oral communication

3-5 credits in written communication

3-5 credits in human relations

3-5 credits in computation skills, and

25-31 credits in the program major

Approval:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Advisor Date

Program Completion Approval:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dean of Professional Technical Programs Date

Certificate Prepared by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instructional Services Office Assistant Date

Each program must be approved by the Professional/Technical program advisor or Dean of Professional Technical Education. Certificates will be issued out of the Instructional Services Office.

**Registration – Initial & Date**

Transcripts \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Noted on Transcripts \_\_\_\_\_\_\_\_