



Patient Access Rep. Certificate (C2531005)

2016/17 Curriculum Sheet

Coordinator: Wanda Tenpenny - Phone: 252-493-7509 - Email: wtenpenn@email.pittcc.edu

Student Name: _____
 Advisor: _____
 Phone: 252-493-7 _____

Anticipated Graduation Date: _____
 Email: _____
 Office Location: _____

Fall I							
Prefix	No	Title	Class	Lab	Clinic	Credit	Course Prerequisites
MED	121	Medical Terminology	3	0	0	3	None
OST	131	Keyboarding	1	2	0	2	None
Total Recommended Hours			4	2	0	5	

Spring 1							
Prefix	No	Title	Class	Lab	Clinic	Credit	Course Prerequisites
MED	122	Medical Terminology II	3	0	0	3	MED 121
OST	149	Medical Legal Issues	3	0	0	3	None
OST	286	Professional Development	3	0	0	3	None
Total Recommended Hours			9	0	0	9	

Summer I							
Prefix	No	Title	Class	Lab	Clinic	Credit	Course Prerequisites
OST	148	Medical Coding Billing & Insurance	3	0	0	3	MED 122
Total Recommended Hours			3	0	0	3	
Total Program Hours						17	

Program Option/Electives							
Elective 1 - _____							
Program's highest developmental courses that MUST be completed						Placement scores determine required courses	
_____						Score = _____	
Notes: _____							

Please note that this is a possible semester-by-semester course of study. Any developmental courses such as DMA and DRE courses that are necessary for student placement could extend the time needed for completion. In such cases, graduation may be extended by one or more semester(s). Other delays might be experienced in regard to the timelines of various course offerings.