



Applied Business Technology Medical Office Assistant Certificate Personal Learning Plan 2011/2012

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Student Name: _____
Student #: _____
Phone (1): _____
Email (1): _____

- Goals:**
- | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Employment _____ <input type="checkbox"/> Further Education *** _____ <input type="checkbox"/> Other _____ | <input type="checkbox"/> Full Time (3+ courses) <input type="checkbox"/> Practicum (Interested) <input type="checkbox"/> Preferred Location _____ <input type="checkbox"/> Job Shadow (Interested) |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| Course # | Course Title | Preq.* | Coreq. | Fall | Winter | Grade |
|--------------------------------------|--------------------------------|--------------------------------------------------------------------------------------|--------|------|------------------|-------|
| Semester One (Fall) | | | | | | |
| ABT 112** | Medical Office Keyboarding | 30 wpm | | | | |
| ABT 122 | Medical Office Procedures 1 | Engl 12 | | | | |
| ABT 124 | Health Office Financial Skills | Engl 12 | | | | |
| ABT 128 | Medical Terminology 1 | Engl 12 | | | | |
| ABT 160 | Word Processing 1 | Engl 12 | | | | |
| ABT 171 | Office Computer Essentials | Engl 12 | | | May be available | |
| Semester Two (Winter) | | | | | | |
| ABT 112** | Medical Office Keyboarding | | | | | |
| ABT 123 | Medical Office Procedures 2 | ABT 122 | | | | |
| ABT 125 | Medical Office Communication | ABT 122 | | | | |
| ABT 129 | Medical Terminology 2 | ABT 128 | | | | |
| ABT 131 | Medical Office Transcription | ABT 128 and 160 | ABT129 | | | |
| ABT 135 | Computerized Medical Billing | ABT 122 and 124 | | | | |
| Practicum (Optional) (Spring) | | | | | | |
| ABT 139 | Practicum (Medical Office) | Successful completion of the MOA program with a C+ average within the last 12 months | | | | |

- * A "D" grade is the minimum level of achievement for which credit is granted; a course with a "D grade cannot be used as a prerequisite.
- ** Taken during each academic term until mastery of 50 wpm is achieved.
- *** Graduates of the Certificate in Medical Office Administration program can ladder to the Office Management Diploma program. Admission requirements are a Camosun College certificate in Medical Office Administration, ACCT 110 and Math 11. *Please see www.camosun.ca for further details.*

Date of 1st course: _____

Date of Graduation: _____

For Admin Use Only:

Today's Date: _____

Completed by: _____
(Staff/Chair/Program Leader)

IF YOU ARE HAVING DIFFICULTY WITH A COURSE OR THE PROGRAM, PLEASE SPEAK TO THE PROGRAM LEADER OR ABT CHAIR PRIOR TO WITHDRAWING.

INITIAL ABT STUDENT SURVEY

Note: Please tick all of the following that apply to you.
If you tick "other", please add specific information in the space provided.

1. Which program are you currently registered in?
- Office Administration Legal Office Assistant Medical Office Assistant

2. How did you satisfy your program admission requirements?

| Medical Office Assistant | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| English: <input type="checkbox"/> English 12 <input type="checkbox"/> TPC 12 <input type="checkbox"/> ABE/Upgrading <input type="checkbox"/> Assessment | Keyboarding: <input type="checkbox"/> CE Assessment <input type="checkbox"/> CE Course |
| Other (Please explain below) | |
| | |
| | |

3. Did you move to Victoria to attend Camosun College and, if so, where from?

4. Please provide the name and location of the high school you graduated from and the year you graduated.

5. How did you first hear about this program?

- Word of mouth Radio Newspaper
 Camosun Continuing Education calendar Internet search Other (Please explain below)

6. Do you have anything else to suggest for us to improve our marketing and accessibility of these programs?
