



# Short-Term Certificate

## Administrative Office Systems - Healthcare Documentation II

### Details

**Completion Award:** Short-Term Proficiency Certificate  
**Program Code (EPC):** 574B

### Program Coordinator (contact with questions)

Sherry Sparrowk (360) 417-6375  
Office: M-210 [ssparrowk@pencol.edu](mailto:ssparrowk@pencol.edu)

<b>Student's Name:</b>	<b>Student ID Number:</b>
<b>Advisor:</b>	<b>Advisor's Signature:</b>

Degree Requirements	Approved Substitutions	Name Of Course	Credits	Credits Completed	In Progress Qtr/Yr
AOS 105	CAT 130	Word Processing Applications I	5		
AOS 110		Medical Terminology I	5		
AOS 111		Medical Terminology II	3		
AOS 285		Healthcare Documentation I	5		
AOS 286		Healthcare Documentation II	5		
<b>CREDITS REQUIRED FOR CERTIFICATE:</b>			<b>23</b>		

### The following information is needed to produce your certificate:

**Quarter and Year Certificate was completed:**  Fall  Winter  Spring  Summer **20\_\_**

**Name to be printed on Certificate:** \_\_\_\_\_  
*First Middle Last*

**Mailing Address:** \_\_\_\_\_  
*Street/P.O. Box City State Zip*

*If no mailing address is provided, Certificate may be picked up at the Reception desk in the Student Services Bldg.*

### For Office Use:

Grades verified    Date Certificate Posted: \_\_\_\_\_    Processed By: \_\_\_\_\_  
 Certificate Mailed    or     Forwarded to Program Advisor