

# CP-Office Management Technology-Medical Office Professional Option

IDN: \_\_\_\_\_ Printed Name: \_\_\_\_\_

**Major Code: 4111**

This degree is not available in a guaranteed 8-semester plan for qualified freshmen. **See your advisor to declare your major and sign an official degree plan.**

*The prerequisites and corequisites of the degree requirements are subject to change.*

Hrs	Courses	Notes	Grade
3	ITA 1003 Computer Applications for the Knowledge Worker		
3	HLTH 1473 Medical Terminology		
4	OMT 2344 Office Communication Essentials		
3	OMT 2843 Medical Insurance and Billing		
3	English composition requirement	1	

**Total Hours: 16**

**NOTES**

1: General Education Core Requirements, See Graduation Requirements section of catalog. Select one from ENGL 1203 or ENGL 1233.

**Transfer Course Information**

The Arkansas Course Transfer System (ACTS) contains information about the transferability of courses within Arkansas public colleges and universities. Students are guaranteed the transfer of applicable credits and the equitable treatment of the application of credits for the admissions and degree requirements. Courses transferability is not guaranteed for courses listed in ACTS as "No Comparable Courses." ACTS-Arkansas Course Transfer System <http://acts.adhe.edu> -select Course Transfer. See Acceptance of Transfer Credits section of the current academic catalog for a complete list of transfer provisions.

**Student Degree Program Requirements**

A student’s degree program requirements are those specified in the catalog in effect at the time of declaration of program major. Students must meet the above program requirements and the graduation requirements as indicated by institutional and college policy. The program can be changed only with the approval of the official advisor.

If original courses are eliminated, students may be required to meet new curriculum requirements in the degree program. If students are not enrolled for two or more consecutive terms (excluding summer terms), they must re-enter under the program requirements of the current catalog. Students are responsible for understanding program requirements and changes. This document is not official until signed and dated by both the student and an authorized university representative.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_