

Student Name: \_\_\_\_\_

September, 2007

Student ID (Last Four Digits of Social Security #): \_\_\_\_\_

NEW HAMPSHIRE COMMUNITY COLLEGE  
2020 Riverside Drive, Berlin, NH 03570

**OFFICE ASSISTANT CERTIFICATE TRANSCRIPT CHECKLIST**

**MEDICAL CONCENTRATION**

Minimum Credit Hours Required 28

**MAJOR SPECIALIZATION / RELATED COURSES - (25 Credits)**

COM107	Introduction to PowerPoint	(1) ____
COM120	Spreadsheets Project	(3) ____
COM214	Database Development	(3) ____
MGT111	Organizational Communications	(3) ____
OFT111	Business Documentation	(3) ____
OFT113	Formatting in Word	(3) ____
OFT117	Medical Terminology	(3) ____
OFT118	Medical Transcription I	(3) ____
OFT120	Medical Office Systems and Procedures	(3) ____

**LIBERAL ARTS (3 Credits)**

BIO120	Human Biology (no lab)	(3) ____
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All courses required unless otherwise indicated.