

Name: _____ Date: _____
 Last First MI

Student XID Number: _____ Veteran: Yes No

Address: _____ Phone: Home: _____
 _____ Work: _____
 _____ Cell: _____

I wish to transfer credit from: _____
 Institution

_____ Student's Signature _____ Date

Prior to credit being awarded, the student must:

- have successfully completed 6 LSCC college credits;
- have declared Health Information Management as their program of study;
- have met all Florida Community College entrance requirements;

A copy of Technical Center Transcript showing completion of Medical Coder/Biller ATD must be attached

Requested Course	Credits	Requested Course	Credits
<input type="checkbox"/> HSC 1531 Medical Terminology I	2	<input type="checkbox"/> HIM 2440 Pharmacology & Laboratory Analysis	1
<input type="checkbox"/> HSC 1532 Medical Terminology II	2	<input type="checkbox"/> HIM 1512 Medical Office Management	3
<input type="checkbox"/> HIM 1003 Foundations of HIM	3	<input type="checkbox"/> HIM 2253C CPT Coding & Reimbursement	3
<input type="checkbox"/> HIM 1433 Concepts of Disease	3	<input type="checkbox"/> HIM 1012 Medicolegal Aspects of Records	2
<input type="checkbox"/> HIM 2222C Basic ICD-9-CM Coding	3	<input type="checkbox"/> HIM 2234C Adv. ICD-9-CM Coding & Reimb.	3
<input type="checkbox"/> HSC 1000 Introduction to Healthcare	1	<input type="checkbox"/> Other	_____
Total Credits Awarded			_____

Award the following courses leading to the degree:

237 – Health Information Management

_____ Date
 HIM Program Manager

_____ Approve Disapprove
 Date

_____ Date
 Dean, Business & Technologies

_____ Approve Disapprove
 Date

FOR OFFICIAL USE ONLY					
Evaluated by:	_____ / _____	Entered by	_____ / _____	Checked by	_____ / _____
Initials	date	Initials	date	Initials	date

NOTE: All articulation credit(s) will be accepted according to current college policy.