

Student Name: _____ Student ID#: _____

Patient Services Specialist Certificate (C25310AA): Curriculum Sequence Checklist

1st Semester (Fall)

✓	Course:	Course Name:	Credit Hour(s):	Prerequisite:	Corequisite:	Notes:
	CIS 110	Introduction to Computers	3			
	OST 141	Med Office Terms I	3			

Total:

2nd Semester (Spring)

✓	Course:	Course Name:	Credit Hour(s):	Prerequisite:	Corequisite:	Notes:
	OST 122	Office Computations	3			SPRING Only
	OST 142	Med Office Terms II	3	OST 141 or MED 121		

Total:

3rd Semester (Fall)

✓	Course:	Course Name:	Credit Hour(s):	Prerequisite:	Corequisite:	Notes:
	OST 148	Med Ins & Billing	3			Important prerequisite for future OST courses.
	OST 280	Electronic Health Records	3	CIS 110		FALL Only

Total:

Total Credit Hours Needed For Graduation:

Questions?
Contact: advising@nashcc.edu