

**MEDICAL PROGRAM  
Pathway Certificates**



Name:	
Date:	
Requesting:	<input type="checkbox"/> <b>Phlebotomy Tech</b> <input type="checkbox"/> <b>Medical Assistant</b> <input type="checkbox"/> <b>Medical Admin</b> <input type="checkbox"/> <b>Billing &amp; Coding</b> <input type="checkbox"/> <b>Pharmacy Tech</b>
Phone:	
Email:	

<p style="text-align: center;"><b>Phlebotomy Technician</b></p> <p><input type="checkbox"/> Healthcare Essentials  <input type="checkbox"/> Anatomy &amp; Physiology or Medical Terminology  <input type="checkbox"/> *Phlebotomy Didactic  <input type="checkbox"/> Phlebotomy Externship</p> <p><b>VERIFICATION REQUIRED ON THE 1ST DAY OF PHLEBOTOMY CLASS</b>  * IMMUNZATIONS or TITERS  * HSD/GED</p>	<p style="text-align: center;"><b>Medical Assistant</b></p> <p><input type="checkbox"/> Healthcare Essentials  <input type="checkbox"/> Anatomy &amp; Physiology or Medical Terminology  <input type="checkbox"/> Patient Service Representative  <input type="checkbox"/> MA Clinical- A  <input type="checkbox"/> Paperless Medical Records  <input type="checkbox"/> MA Clinical- B  <input type="checkbox"/> Phlebotomy (Optional)</p> <p style="text-align: center;">HSD/GED required by employers</p>	<p style="text-align: center;"><b>Medical Administrative</b></p> <p><input type="checkbox"/> Healthcare Essentials  <input type="checkbox"/> Anatomy &amp; Physiology or Medical Terminology  <input type="checkbox"/> Patient Service Representative  <input type="checkbox"/> Paperless Medical Records</p> <p style="text-align: center;">HSD/GED required by employers</p>
<p style="text-align: center;"><b>Medical Billing &amp; Coding</b></p> <p><input type="checkbox"/> Healthcare Essentials  <input type="checkbox"/> Anatomy &amp; Physiology or Medical Terminology  <input type="checkbox"/> Patient Service Representative  <input type="checkbox"/> Paperless Medical Records  <input type="checkbox"/> Medical Billing  <input type="checkbox"/> Medical Coding</p> <p style="text-align: center;">HSD/GED required by employers</p>	<p style="text-align: center;"><b>Pharmacy Technician</b></p> <p><input type="checkbox"/> *Pharmacy Technician I  <input type="checkbox"/> Pharmacy Technician II</p> <p>* High School reading level required</p> <p style="text-align: center;">* HSD/GED VERIFICATION REQUIRED ON THE 1ST DAY OF PHARMACY CLASS</p>	<p style="text-align: center;"><i>Students who complete both parts A and B of Medical Term and/or Anatomy &amp; Physiology will receive a certificate that reflects both sections were successfully completed.</i></p>

- When you have completed your pathway, bring this form to our front office.
- Return in 7-10 days to pick-up your Vista Adult School Program Certificate! Please bring your photo ID with you.
- In some cases, students may be required to submit copies of their certificates along with this form.
- Note: Program Pathway Certificates are issued once— sorry no duplicates.