Program/Certificate/Degree Name:	Date:
Health Technologies/Business Office Clerk Certificate of Achievement	16-Apr-11
Division (if applicable):	
BHES	
Program Contact Person:	Phone:
Pat Hassel	408-864-8789

]	Name as DEPT_PLO_ProgramName.xls	Submit as e-mail attac	chment to outcom	nes@deanza	a.edu
ICC	Program Level Outcomes	Means of Assessment	Summary of	Use of	Timeline for
Number		and Criteria for	Data Collected	Results	Program
#'s		Success			Modification
1, 2, 3, 5	Upon completion of the Certifiate of Achievement in	Survey to be issued to	Will be	Modify	Fall 2012
	Business Office Clerk, the student will be eligible to be	graduates Winter 2012	collected in	curriculum	
	employed in this Allied Health Career at a medical facility.		Winter 2012		

Program/Certificate/Degree Name:

Health Technologies/Insurance and Coding Certificate of Achievement

Division (if applicable):

BHES

Program Contact Person:

Pat Hassel

Phone:

16-Apr-11

Date:

408-864-8789

	Name as DEPT_PLO_ProgramName.xls Submit as e-mail attachment to outcomes@deanza.edu				
ICC Number #'s	Program Level Outcomes	Means of Assessment and Criteria for Success	Summary of Data Collected	Use of Results	Timeline for Program Modification
1, 2,3, 5	Upon completion of the Certificate of Achievement in Insurance and coding, the student will be eligible to be employed in this Allied Health Career and pass the National Certified Coding Associate Examination.	Survey to be issued to graduates Winter 2012		Modify curriculum	Fall 2012

ICC	Program Level Outcomes	Means of Assessment	Summary of	Use of	
Number		and Criteria for	Data Collected	Results	
#'s		Success			
1, 2, 3, 5	Upon completion of the Certifiate of Achievement in Lab	Survey to be issued to	Will be	Modify	
	Assisting, the student will be eligible to be employed in this	graduates Winter 2012	collected in	curriculum	
	Allied Health Career and pass the National Phlebotomy and		Winter 2012		
	EKG Certifiation Examinations.				
	EKG National Certification Examinations.				
					ſ

See instructions for ICCs reference numbers "Expanded ICCs" tab below. Every program will need an individual sheet. Attach additional pages as necessary.

Program/Certificate/Degree Name:

Division (if applicable): BHFS **Program Contact Person:**

Pat Hassel

Health Technologies/Lab Assisting Certificate of Achievement

Name as DEPT PLO ProgramName.xls

Timeline for

Program **Modification**

Fall 2012

Submit as e-mail attachment to outcomes@deanza.edu

Date:

Phone: 408-864-8789

16-Apr-11

DE ANZA COLLEGE

Program/Certificate/Degree Name:	Date:
Health Technologies/Medical File Clerk Certificate of Achievement	16-Apr-11
Division (if applicable):	
BHES	
Program Contact Person:	Phone:
Pat Hassel	408-864-8789

	Name as DEPT_PLO_ProgramName.xls	Submit as e-mail att	achment to outc	omes@deanza	a.edu
ICC	Program Level Outcomes	Means of Assessment	Summary of	Use of	Timeline for
Number		and Criteria for	Data Collected	Results	Program
#'s		Success			Modification
1, 2, 3, 5	Upon completion of the Certifiate of Achievement in	Survey to be issued to	Will be	Modify	Fall 2012
	Medical File Clerk, the student will be eligible to be	graduates Winter 2012	collected in	curriculum	
	employed in this Allied Health Career at a medical facility.		Winter 2012		

Program/Certificate/Degree Name:	Date:
Health Technologies/Medical Reception Certificate of Achievement	16-Apr-11
Division (if applicable):	
BHES	
Program Contact Person:	Phone:
Pat Hassel	408-864-8789

]	Name as DEPT_PLO_ProgramName.xls	Submit as e-mail at	tachment to out	comes@deanza	a.edu
ICC	Program Level Outcomes	Means of Assessment	Summary of	Use of	Timeline for
Number		and Criteria for	Data Collected	Results	Program
#'s		Success			Modification
		<u> </u>			T 11 0 0 1 0
1, 2, 3, 5	Upon completion of the Certifiate of Achievement in	Survey to be issued to		Modify	Fall 2012
	Medical Reception, the student will be eligible to be	graduates Winter 2012	collected in	curriculum	
	employed in this Allied Health Career at a medical facility.		Winter 2012		

Program/Certificate/Degree Name:	Date:
Health Technologies/Medical Records Clerk Certificate of Achievement	16-Apr-11
Division (if applicable):	
BHES	
Program Contact Person:	Phone:
Pat Hassel	408-864-8789

See instructions for ICCs reference numbers "Expanded ICCs" tab below. Every program will need an individual sheet. Attach additional pages as necessary.

l	Name as DEPT_PLO_ProgramName.xls	Submit as e-mail attac	chment to outcom	mes@deanza	a.edu
ICC	Program Level Outcomes	Means of Assessment	Summary of	Use of	Timeline for
Number		and Criteria for	Data Collected	Results	Program
#'s		Success			Modification
1, 2, 3, 5	Upon completion of the Certifiate of Achievement in Medical			Modify	Fall 2012
	Records Clerk, the student will be eligible to be employed in	graduates Winter 2012	collected in	curriculum	
	this Allied Health Career at a medical facility.		Winter 2012		

Program/Certificate/Degree Name:	Date:
Health Technologies/Medical Transcription Clerk Certificate of Achievement	16-Apr-11
Division (if applicable):	
BHES	
Program Contact Person:	Phone:
Pat Hassel	408-864-8789

	Name as DEPT_PLO_ProgramName.xls	Submit as e-mail attac	hment to outcon	nes@deanza	.edu
ICC	Program Level Outcomes	Means of	Summary of	Use of	Timeline for
Number		Assessment and	Data Collected	Results	Program
#'s		Criteria for Success			Modification
1, 2, 3, 5	Upon completion of the Certifiate of Achievement in Medical Transcription, the student will be eligible to be employed in this Allied Health Career at a medical facility.	Survey to be issued to graduates Winter 2012	Will be collected in Winter 2012	Modify curriculum	Fall 2012

Program/Certificate/Degree Name:

Health Technologies/Phlebotomy Technician I Certificate of Achievement

Division (if applicable):

BHES

Program Contact Person:

Pat Hassel

Phone:

16-Apr-11

Date:

408-864-8789

]	Name as DEPT_PLO_ProgramName.xls Submit as e-mail attachment to outcomes@deanza.edu				
ICC	Program Level Outcomes	Means of Assessment	Summary of	Use of	Timeline for
Number		and Criteria for	Data Collected	Results	Program
#'s		Success			Modification
1, 2, 3, 5	Upon completion of the Certifiate of Achievement in	Survey to be issued to	Will be	Modify	Fall 2012
	Phlebotomy Technician I, the student will be eligible to be	graduates Winter 2012	collected in	curriculum	
	employed in this Allied Health Career and pass the National		Winter 2012		
	Phlebotomy Certification Examinations.				
	Phlebotomy Certification Examination.				

Program/Certificate/Degree Name:	Date:
Health Technologies/Medical Assisting Certificate of Achievement-Advanced	16-Apr-11
Division (if applicable):	
BHES	
Program Contact Person:	Phone:
Pat Hassel	408-864-8789
See instructions for ICCs reference numbers "Expanded ICCs" tab below. Every program	n will need an individual sheet. Attach
additional pages as necessary.	

	Name as DEPT_PLO_ProgramName.xls Submit as e-mail attachment to outcomes@deanza.edu				
ICC	Program Level Outcomes	Means of Assessment	Summary of	Use of	Timeline for
Number		and Criteria for	Data Collected	Results	Program
#'s		Success			Modification
1, 2, 3, 5	Upon completion of the Certificate of Achievement-Avanced	Survey to be issued to	Will be	Modify	Fall 2012
	in Medical Assisting, the student will be able to pass the CA	graduates Winter 2012	collected in	curriculum	
	State CMA Certification Examination.		Winter 2012		

Date:

16-Apr-11

	BHES				
Program	Contact Person:		Phone:		
	Pat Hassel		408-864-8789		
See instru	ctions for ICCs reference numbers "Expanded ICCs" tab	below. Every program	will need an ind	ividual shee	t. Attach
additional	l pages as necessary.				
Name as DEPT_PLO_ProgramName.xls Submit as e-mail attachment to outcomes@deanza.edu					a.edu
ICC Number #'s	Program Level Outcomes	Means of Assessment and Criteria for Success	Summary of Data Collected	Use of Results	Timeline for Program Modification
1, 2,3, 5	Upon completion of the A.A. Degree in Medical Assisting, the student will be able to pass the CA State CMA Certification Examination.	Survey to be issued to graduates Winter 2012		Modify curriculum	Fall 2012

Program/Certificate/Degree Name:

Division (if applicable):

Health Technologies/Medical Assisting A. A. degree

Program/Certificate/Degree Name:	Date:	
Health Technologies/Medical Secretary Certificate of Achievement-Advanced	16-Apr-11	
Division (if applicable):		
BHES		
Program Contact Person:	Phone:	
Pat Hassel	408-864-8789	

	Name as DEPT_PLO_ProgramName.xls Submit as e-mail attachment to outcomes@deanza.edu				
ICC Number #'s	Program Level Outcomes	Means of Assessment and Criteria for Success	Summary of Data Collected	Use of Results	Timeline for Program Modification
1, 2, 3, 5	Upon completion of the Certificate of Achievement-Avanced in Medical Secretary, the student will be eligible to be employed in this Allied Health career.	Survey to be issued to graduates Winter 2012	Will be collected in Winter 2012	Modify curriculum	Fall 2012