



**REQUEST FOR CREDENTIAL – Business Office Technology (BOT) Programs**

**SITE:**

<input type="checkbox"/> Alexandria	<input type="checkbox"/> Avoyelles	<input type="checkbox"/> FCI Oakdale	<input type="checkbox"/> Winn Correctional
<input type="checkbox"/> Oakdale	<input type="checkbox"/> Rod Brady	<input type="checkbox"/> FCI Pollock	<input type="checkbox"/> Allen Correctional
<input type="checkbox"/> Huey P. Long	<input type="checkbox"/> Ferriday	<input type="checkbox"/> WHNA	<input type="checkbox"/> Avoyelles Correctional
<input type="checkbox"/> Lamar Salter			

Semester/Year \_\_\_\_\_

DATE \_\_\_\_\_

The following student has successfully completed requirements for a CLTCC credential. Please enter the student's name as it should appear on the credential:

_____	_____	_____
<b>Last Name</b>	<b>First Name, MI</b>	<b>Banner ID (mandatory)</b>

Please document the specific credential(s) earned:

AAS – Business Office Administration	TCA – Medical Records Billing Clerk	<b>IBC (i.e. NCCER, ASE, A+, etc.)</b>
TD – Legal Office Concentration	TCA – Bank Teller	
TD – General Office Concentration	CTS – Office Assistant Specialist	
TD – Accounting Concentration	CTS – Accounting Office Specialist	
TD – Medical Office Concentration	CTS – Medical Office Specialist	
TD – Computer Applications Concentration	CTS – Legal Office Specialist	
TCA – General Clerk	CTS – Office Management Specialist	
TCA – Office Applications Specialist	CTS – Medical Records/Billing Specialist	
TCA – Call Center Representative	Other:	
TCA – Human Resource Specialist		

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Requested by: \_\_\_\_\_

Instructor/Advisor	Program Chair
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Approved by: \_\_\_\_\_

Academic Affairs	Dean
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For Academic Affairs Use Only (Please Initial in each box):

<input type="checkbox"/>	Completed Transcript Audit	<input type="checkbox"/>	Exit Form Completed
<input type="checkbox"/>	Cleared Financially	<input type="checkbox"/>	Placement Form Completed
<input type="checkbox"/>	Entered in Banner		