Online Medical Terminology 2018

This course is an introduction to basic medical terminology. It covers essential word parts and terms used by the medical profession. Emphasis is placed on definition, usage, spelling and pronunciation of medical terms. Once you've completed your registration and picked up your textbook, you'll receive an email with login information and instructions about how to begin the course.

Course Objectives:

- Analyze medical terms into their component parts, state the meaning of each part and determine the meaning of each medical term
- Interchange medical abbreviations with medical words and phrases
- Demonstrate knowledge of pathological conditions, medical specialties and their services, lab tests, diagnostic tests and clinical procedures
- Pronounce and spell each term correctly

Important: This is an online, blended learning course that applies adult learning principles. **Students must be self-motivated and have basic computer skills.** This course is not held in an instructor-led classroom and may not be for everyone.

Requirements:	Basic computer knowledge and skills are essential. Computer and internet access with Internet Explorer, version 6.0 or higher or Mozilla Firefox version 2.0 or higher. **All modules and tests must be completed in 8 weeks.**
Cost:	**$85** for Health First Associates or students currently enrolled in a Health First program **$130** for non-Associates **Payment is due at time of registration.** **Refund Policy:** No refunds will be issued if access code packaging is opened.
To Register:	Complete this form, sign and fax to 321.254.0795 or send to Health First Training Center/Rivercrest via inter-department mail.
Course Textbook and Access Code:	Textbooks and access codes are available at Health First Training Center, 3470 N. Harbor City Blvd., Melbourne, FL 32935.

Student Information

Name: _____   Associate User ID: _____

Employment Facility/Unit: _____

Email: _____   Phone: _____

Credit Card #: _____   Exp. Date: _____   CVV: _____

Non-Associates: (used for database purposes only)

Birth month: ___ ___   Birth Day: ___ ___   Last 4 digits of SSN: ___ ___ ___ ___

Signature(s)

Student Signature (required): _____   Date: _____

Cost Center Transfer:
Manager Signature: _____   Cost Center #: _____ _____ _____