

Online Medical Terminology

This online course is an introduction to basic medical terminology. It covers essential word parts and terms used by the medical profession. The course consists of six study modules. Emphasis is placed on definition, usage, spelling and pronunciation of medical terms. Students will be directed to the appropriate website, and provided with a password allowing them to access the online course.

Medical Terminology 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 (Please read carefully): This is an online, blended learning course that applies adult learning principles. Enrollees in this course must be self-motivated and possess basic computer skills. This course is not instructor-led classroom style learning and may not be for everyone.

Requirement: Basic computer knowledge and skill. Computer access with Internet Explorer, version 6.0 or higher or Mozilla Firefox version 2.0 or higher
All modules and module tests must be completed in 8 weeks

Cost: **Associate \$65.00** (or student currently enrolled in a Health First program)
Non-Associate \$115.00
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 Barbara Couch via inter-department mail. For more information or to register in person, please contact Barbara Couch at (321) 434-1972 or Barbara.Couch@health-first.org

Course Textbook and Access Code: **Textbooks and access codes are available by appointment only at: Health First Center for Learning, Rivercrest.**
Payment is due at the appointment.

Name: _____ Associate User ID: _____

Employment facility/unit: _____

Work phone: _____ Other phone: _____

Email address: _____

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

*required for non-associates (information used for databasing purposes only)

Signature (required): _____ **Date:** _____