

Tri-County Technical College
Health Education Division
Technical Advanced Placement (TAP) Program

Competency Verification & Teacher Recommendation Form

AHS 102 (Medical Terminology)

SECTION I (To be completed by the *student*)

Please complete this section of the form and give it to your Health Science Technology teacher.

Your Name:(*PLEASE PRINT*) _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

High School: _____ Grade: _____

Career Center: _____

SECTION II (To be completed by the *teacher*)

I verify that this student has mastered the major competencies of the AHS 102 course. Furthermore, I recommend that this student participate in the validation process by completing the TAP exam, which I understand will be arranged through the Health Education Division at Tri-County Technical College. (**Please initial each one**)

_____ 1. break down medical terms into their component parts.

_____ 2. describe various medical conditions by defining basic components of terms.

Teacher Name (*PLEASE PRINT*): _____

Signature: _____ Date: _____

Name of high school/career center course(s) in which this student gained the required competencies for possible TAP advanced standing: _____

Date of course completion, or expected completion: _____

Comments (if applicable): _____

Please make a copy of this form for your records and mail the original to: Dr. Lynn Lewis, Health Education Division Dean, Tri-County Technical College, P.O. Box 587, Pendleton, SC 29670. (Questions regarding TAP procedures for AHS 102 should be directed to Dr. Lewis at 646-1437.)