

Student Name _____ SSN _____

Advisor _____

August 2009

**ARKANSAS STATE UNIVERSITY – NEWPORT
TECHNICAL CENTER - JONESBORO
CERTIFICATE OF PROFICIENCY-EMERGENCY MEDICAL TECHNICIAN (EMT)**

Courses (underline or circle selections where applicable)

			Hours	Semester	Grade	Transfer (univ., year)
EMT	1104	Pre-Hospital	_____	_____	_____	_____
EMT	1302	Trauma Management	_____	_____	_____	_____
EMT	1402	Medical Emergencies & Transport	_____	_____	_____	_____
EMT	1502	Basic EMT Clinical Rotation & Lab	_____	_____	_____	_____
Total Hours			_____			

Minimum Required Credit Hours (10)

Student's Signature _____

Date: _____

Advisor's Signature _____

Date: _____

Date Certificate Completed: _____