

Student Name _____ SSN _____ Advisor _____
August 2009

**ARKANSAS STATE UNIVERSITY – NEWPORT
TECHNICAL CENTER - JONESBORO
CERTIFICATE OF PROFICIENCY-PHLEBOTOMY**

Courses (underline or circle selections where applicable)

			Hours	Semester	Grade	Transfer (univ., year)
PHL	1101	CPR & First Aid	_____	_____	_____	_____
PHL	1102	Phlebotomy Clinical	_____	_____	_____	_____
PHL	1105	Phlebotomy	_____	_____	_____	_____
Total Hours			_____			

Minimum Required Credit Hours (8)

Student's Signature _____

Date: _____

Advisor's Signature _____

Date: _____

Date Certificate Completed: _____