Student Name_____**Student ID**_____ **Advisor**_____

2015-16

ARKANSAS STATE UNIVERSITY-NEWPORT

CERTIFICATE OF PROFICIENCY

Patient Care Technician

A. Possible Prerequisites: None required

B. General Education Core: None required

C. Major Technical Discipline: (18 credit hours)			**Hours**	**Semester**	**Grade**	**Transfer (Univ. /year)**
Course #		**Course Title**				
HP	1203	Medical Terminology	_____	_____	_____	_____
CNA	1507	Certified Nurses Aid	_____	_____	_____	_____
PHL	1101	CPR and First Aid	_____	_____	_____	_____
PHL	1102	Phlebotomy Clinic	_____	_____	_____	_____
PHL	1105	Phlebotomy	_____	_____	_____	_____
		Total credit hours	_____			

Minimum Required Credit Hours (18)

Student's Signature_____ Date:_____

Advisor's Signature_____ Date:_____

Date Certificate Completed:_____