Student Name		Student ID	Student ID		Advisor		
	'					2016-17	
		<b>ARKANSAS STATE U</b> CERTIFICATE O					
		Behavioral He					
		Prerequisites: None required					
*		ducation Core: None required	nut (m)	1 (and 1 and 1	900   1000   1000   1000   1000   1000   1000   1000   1000	(MI) (MI) (MI) (MI) (MI) (MI) (MI) (MI)	
Course #	ŧ	nnical Discipline: (16 credit hours) Course Title	Hours	Semester	Grade	Transfer Univ. /year)	
	203 033	Workplace Essentials Introduction to Computers			<del></del>		
SPCH 22	243	Interpersonal Communications					
	133 141	Behavioral Health Issues Behavioral Health Practicum		<del></del>	<del></del>		
	143	Pharmacology for Behavioral Health					
		Total credit hours					
Minimum	ı Reqı	uired Credit Hours (16)					
Student's Signature			Dat	e:			
Advisor's Signature			Dat	e:			

Date Certificate Completed: