

Student Name _____ Student ID _____ Advisor _____ 2016-17

ARKANSAS STATE UNIVERSITY-NEWPORT
CERTIFICATE OF PROFICIENCY
Medication Assistant

A. Possible Prerequisites: None required

B. General Education Core: None required

C. Major Technical Discipline:

Course #	Course Title	Hours	Semester	Grade
HSC 1008	Medication Assistant	_____	_____	_____

Minimum Required Credit Hours (8)

Student's Signature _____

Date: _____

Advisor's Signature _____

Date: _____

Date Certificate Completed: _____