

Student Name \_\_\_\_\_ Student ID \_\_\_\_\_ Advisor \_\_\_\_\_

2017-18

**ARKANSAS STATE UNIVERSITY-NEWPORT**  
CERTIFICATE OF PROFICIENCY  
Emergency Medical Technician (EMT)

**A. Possible Prerequisites:** None required

**B. General Education Core:** None required

**C. Major Technical Discipline: (10 credit hours)**

Course #	Course Title	Hours	Semester	Grade	Transfer (Univ. / year)
EMT 1109	Basic EMT Theory	_____	_____	_____	_____
EMT 1101	Basic EMT Practicum	_____	_____	_____	_____

**Total credit hours** \_\_\_\_\_

**Minimum Required Credit Hours (10)**

Student's Signature \_\_\_\_\_

Date: \_\_\_\_\_

Advisor's Signature \_\_\_\_\_

Date: \_\_\_\_\_

Date Certificate Completed \_\_\_\_\_