

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

2017-18

**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)**

Course #	Course Title	Hours	Semester	Grade	Transfer (Univ. /year)
HP 1203	Medical Terminology	_____	_____	_____	_____
CNA 1507	Certified Nurses Aid	_____	_____	_____	_____
PHL 1101	CPR and First Aid	_____	_____	_____	_____
PHL 1102	Phlebotomy Clinic	_____	_____	_____	_____
PHL 1105	Phlebotomy	_____	_____	_____	_____
<b>Total credit hours</b>		_____			

**Minimum Required Credit Hours (18)**

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

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

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

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

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

**NOTE: Ignite students must take ENG 1203 Workplace Essentials and UNIV 1001 College and Life Skills**