

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

2018-19

**ARKANSAS STATE UNIVERSITY-NEWPORT**  
CERTIFICATE OF PROFICIENCY  
Phlebotomy

**A. Possible Prerequisites:** None required

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

**C. Major Technical Discipline: (8 credit hours)**

<b>Course #</b>	<b>Course Title</b>	<b>Hours</b>	<b>Semester</b>	<b>Grade</b>	<b>Transfer (Univ. /year)</b>
PHL 1101	CPR & First Aid	_____	_____	_____	_____
PHL 1102	Phlebotomy Clinical	_____	_____	_____	_____
PHL 1105	Phlebotomy	_____	_____	_____	_____

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

**Minimum Required Credit Hours (8)**