



CERTIFICATE OF PROFICIENCY  
Medication Assistant - Certified

Student Name \_\_\_\_\_ Student ID \_\_\_\_\_ Advisor \_\_\_\_\_  
AY2021-22

**Possible Prerequisites:** None Required

**General Education Requirements:** None Required

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

			Semester	Hours	Grade	ACTS
HSC	1008	Medication Assistant		8		
<b>Total Credit Hours:</b>				<b>8</b>		

**Minimum Required Credit Hours (8)**

**Expected Graduation Date:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_

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

**Advisor Signature:** \_\_\_\_\_

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