

**CERTIFICATE OF PROFICIENCY  
 PATIENT CARE TECHNICIAN**

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

AY2023-24

**Possible Prerequisites:** None Required

**First Semester (18 credit hours)**

			Semester	Hours	Grade	ACTS
CNA	1507	Certified Nurses Aid		7		
HP	2013	Medical Terminology		3		
PHL	1101	CPR and First Aid		1		
PHL	1102	Phlebotomy Clinic		2		
PHL	1105	Phlebotomy		5		

**Total Credit Hours: 18**

**Minimum Required Credit Hours (18)**

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

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

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

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

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

**ADDITIONAL NOTES:**

1. Proof of a current Tetanus immunization
2. Proof of a current TB skin test
3. Proof of a current Influenza vaccination
4. Successful Background Check (administered in the program)
5. Successful Urine Drug Screen (administered in the program)