PROGRAM AND AWARD PLANNING FORM

Program: **Emergency Medical Services-EMT Certificate (EMT)**
Award: **Short-Term Certificate**
Catalog: **2015-2016**

STUDENT NAME_____ STUDENT NUMBER_____

Semester/Year	Grade	Required Selection	HRS
_____	_____	EMS 118 Emergency Medical Technician	9
_____	_____	EMS 119 Emergency Medical Technician Clinical	1

NOTE: EMS 100 and EMS 107 are not required for graduation but are required for clinicals and by the State of Alabama to obtain licensure.

Total Semester Credit Hours **10**

_____ _____

Student's Signature Date Advisor Signature Date