

**PROGRAM AND AWARD PLANNING FORM**

**Program:** Emergency Medical Services-EMT Certificate (EMT)  
**Award:** Short-Term Certificate  
**Catalog:** 2016-2017

**STUDENT NAME** \_\_\_\_\_ **STUDENT NUMBER** \_\_\_\_\_

<b>Semester/Year</b>	<b>Grade</b>	<b>Required Selection</b>	<b>HRS</b>
_____	_____	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