

## Plan of Study

Name of Program: Emergency Medical Technician      Credential: \_\_\_\_\_

Location: \_\_\_\_\_      Program Liaison: Tracey L. Franklin

STUDENT NAME: \_\_\_\_\_

Student ID Number \_\_\_\_\_

| First Year – First Term  |     |     |                              | Credit hours |
|--------------------------|-----|-----|------------------------------|--------------|
| <input type="checkbox"/> | EMS | 105 | Emergency Medical Technician | 6            |
| <input type="checkbox"/> | CPR | 100 | CPR Healthcare Professionals | 1            |
| <input type="checkbox"/> |     |     |                              |              |
| <input type="checkbox"/> |     |     |                              |              |
| <input type="checkbox"/> |     |     |                              |              |
|                          |     |     | <b>Total Credits</b>         | <b>7</b>     |

**Special Notes:**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Advisor Signature

\_\_\_\_\_  
Date