EMERGENCY MEDICAL TECHNICIAN - BASIC
Certificate of Technical Studies

Student Name: _____ Banner ID Number: _____

SPRING SEMESTER							
Course Prefix	**Course Number**	**Course Title**	**Credit Hour**	**Grade**	**Term**	**Substitute (S) or Transfer (T)**	**Transfer Institution**
EMTB	200	Emergency Medical Technician Lecture	9				
EMTB	201	Emergency Medical Technician Practicum	12				
TOTAL CREDIT HOURS:			**21**				

Approved by:

_____   _____

Student's Signature   Date

_____   _____

Advisor's Signature   Date

_____   _____

Division Head's Signature   Date