

STUDENT EDUCATIONAL PLAN

(Needed for Each Registration, VA, and Financial Aid Approval)

Date Initial Date Initial
DATE _____ UPDATED _____

Counselor's Initials _____
Semester of Entry _____

NAME _____ STUDENT ID _____ ADVISOR _____
(Last) (First) (MI)

OTHER CONDITIONS: Placement Test _____ TEAS Test _____ COLLEGE/MAJOR _____ / _____

Emergency Medical Services (A45340)

Revised 03/2016

GENERAL EDUCATION COURSES:

____ ENG 111 Expository Writing 3
____ HUM 115 Critical Thinking 3
____ COM 231 Public Speaking 3
____ OST 141 Medical Terminology I 3
____ OST 142 Medical Terminology II 3

15

OTHER MAJOR COURSES:

____ BIO 168 Anatomy & Physiology I 4
____ BIO 169 Anatomy & Physiology II 4
____ General Psychology 3

11

OTHER REQUIRED HOURS

____ HSC 110 Orientation to Health Careers 1
1

MAJOR COURSES:

Required Core Courses

____ EMS 110 EMT 8
____ EMS 122 EMS Clinical Practicum I 1
____ EMS 130 Pharmacology 4
____ EMS 131 Advance Airway Management 2
____ EMS 160 Cardiology I 2
____ EMS 221 EMS Clinical Practicum II 2
____ EMS 240 Patients w/Special Challenges 2
____ EMS 220 Cardiology II 3
____ EMS 231 Clinical Practicum III 3
____ EMS 250 Medical Emergencies 4
____ EMS 241 EMS Clinical Practicum IV 4
____ EMS 260 Trauma Emergencies 2
____ EMS 270 Life Span Emergencies 3
____ EMS 285 EMS Capstone 2

42

NOTES:

Total Semester Hours

69

TRANSCRIPT(S) _____ TOTAL TRANSFER CREDITS GRANTED: _____

_____ TOTAL CREDITS COMPLETED AT RE-ENTRY: _____

Bachelor's Degree: Yes / No Attended Other Post-Secondary Institutions: Yes / No Race: _____ Sex: M / F Residency: In-State / Out-of-State

FINANCIAL AID APPROVAL _____ (Counselor's Signature)

VA BENEFITS APPROVAL _____ (Counselor's Signature)