

MINERAL AREA COLLEGE
**COMMUNITY PARAMEDIC PROGRAM
CERTIFICATE**

(Major Code: PD-CR) CIP 51.0904
(16 week hybrid course)

NAME: _____ ID#: _____

MO State Paramedic License #: _____ NREMT Paramedic Certification #: _____

Required Courses

<u>Semester/Year</u>		<u>Grade</u>
_____	PAR 2600 Community Paramedic Clinical.....6	_____

Total credit hours: 6

GPA: _____

*A cumulative 2.0 grade point average is required for a certificate of completion.

Advisor signature: _____ Date: ____/____/____

Student acknowledges graduation requirements. (check the box to acknowledge)

Student signature: _____ Date: ____/____/____