

MINERAL AREA COLLEGE

NAME: _____

ID#: _____

Community Paramedic Program CERTIFICATE (Major Code: PD-CR) CIP 51.0904 (16 week hybrid course)

MO State Paramedic License #: _____

NREMT Paramedic Certification #: _____

Required Courses

Semester/Year

Grade

_____ 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 policies. (check the box to acknowledge)

Student signature: _____

Date: ____/____/____