

Student Name:

FY:

Local Program Name: Emergency Medical Technician

Student Type:

Schedule Type:

Cohort/Block Number:

Campus

Offsite Location:

Block/Instructor(PID):

CTSO	Distance Education	HOURS: 5:30 PM-10:30 PM
Class Schedule:		Start Date:
Hours:		End Date:
OCAS Code: 9317	CIP Code: 51.0904	SOC Code: 29-2041.00
CM Code: HL0016004		

COURSE #	OCAS	ACAD & OHLAP	COURSES	THEORY	LAB	TOTAL	START DATE	END DATE	#DAYS	Grade	Notes
HLTH-0076			Emergency Care I	63	26	89					
EC Mid-Term Exam											
HLTH-0077			Emergency Care II	83	48	131					
HLTH-0078			Basic EMT Preceptorship	0	36	36					
EC Comprehensive Exam											
TOTAL COMPLETED HOURS				146	110	256					

Comments:
 In order to complete the academic program, students must complete all curriculum hours by the program end date. All hours must be face to face and may occur in the classroom, laboratory, or at other locations as assigned. Hours completed outside of the scheduled class time will be supervised, documented, and recorded within the district attendance system.

B & I Certifications			
	Certification Name	Number	A-F?
Primary:	EMT-Basic (NREMT)	8701	Y
Additional:	American Heart Association- Basic Life Support Certification		N
	Introduction to the Incident Command System, ICS 100		N
	IS-700.B: An Introduction to the National Incident Management System		N
	OK State Department of Health/EMT License		N

SIGNATURES:

Student: _____
 Instructor: _____
 Coordinator: _____
 Administrative: _____

Student Name:

FY:

Local Program Name: Emergency Medical Technician

Student Type:

Schedule Type:

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Campus

Offsite Location:

Block/Instructor(PID):

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HOSA	0%	
Class Schedule:		Start Date:
		End Date:
OCAS Code: 9317	CIP Code: 51.0904	SOC Code: 29-2041.00

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		Y
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		N
		N

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Instructor: _____

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Student Type:

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Block/Instructor(PID):

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		Start Date:
		End Date:
OCAS Code: 9317		CIP Code: 51.0904
CM Code: HL0016004		SOC Code: 29-2041.00

Class Schedule:	Day:	Monday	Tuesday	Wednesday	Thursday	Friday
	Hours:	7	7	7	7	0

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Administrative: _____

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