

Student Name:

FY:

Local Program Name: Health Science Technology

Student Type:

Schedule Type:

Cohort/Block Number:

Campus

Block/Instructor(PID):							CTSO	Distance Education	HOURS: 8:00 AM-10:50 AM 12:00 PM-2:50 PM
Class Schedule:		Day:	Monday	Tuesday	Wednesday	Thursday	Friday	HOSA	ADDITIONAL BREAK/INTERSSION DATES:
Weeks of Instruction		Hours:							Start Date:
		OCAS Code:	9321	CIP Code:	51.0000	CM Code:	HL0046001	SOC Code:	31-1015

COURSE #	OCAS	ACAD & OHLAP	COURSES	THEORY	LAB	TOTAL	START DATE	END DATE	#DAYS	Grade	Notes
	5333	x	Anatomy	80	40	120					
			Health Science I	150	30	180					
			Health Science II	150	30	180					
			Core Medical Terminology	45	0	45					
TOTAL HOURS				425	100	525					
TOTAL COMPLETED HOURS				425	100	525					

Comments:		
In order to complete all hours of the academic program, students must complete additional ___ hours outside of the scheduled class time. Students will receive a written plan for these hours.		
B & I Certifications		
Certification Name	Number	A-F?
Primary: OSHA 10 Health		
Additional: Work Keys		
Heartsaver First Aid		
American Heart Association BLS		

SIGNATURES:

Student: _____

Instructor: _____

Coordinator: _____

Administrative: _____