

Student Name:

FY:

Local Program Name: Sports Medicine and Therapy Professions

Student Type:

Schedule Type:

Cohort/Block Number:

Campus

Offsite Location:

Block/Instructor(PID):		CTSO	Distance Education	HOURS: 8:00 AM-10:50 AM 12:00 PM-2:50 PM			
Block/Instructor(PID):		HOSA		ADDITIONAL BREAK/INTERSSION DATES:			
Class Schedule:	Day: Hours:	Monday	Tuesday	Wednesday	Thursday	Friday	Start Date:
Weeks of Instruction	OCAS Code: 9401	CIP Code: 51.2311	CM Code: HL0016014	SOC Code: 31-2022	End Date:		

COURSE #	OCAS	ACAD & OHLAP	COURSES	THEORY	LAB	TOTAL	START DATE	END DATE	#DAYS	Grade	Notes
			Intro to Sports Med & Therapy Careers	192	70	262					
			Sports Med & Rehab Essentials	88	175	263					
TOTAL COMPLETED HOURS				280	245	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: American Heart Association Healthcare Provider		N
Additional: First Aid		N

SIGNATURES:

Student: _____

Instructor: _____

Coordinator: _____

Administrative: _____