



CAREER & TECHNICAL EDUCATION CERTIFICATE
HEALTHCARE PROVIDER: Phlebotomy Certificate
PROGRAM WORKSHEET AND GRADUATION REQUIREMENTS

Student Name: _____ **Aims #:** _____ **Graduation Evaluator:** _____

Advisor: _____ **Ext:** _____ **Date:** _____

<u>Course Number</u>	<u>Requirements</u>	<u>Required Credits</u>	<u>Term Completed</u>	<u>Transfer Credits</u>	<u>Transfer School</u>	<u>Needs</u>
HPR 112	Phlebotomy	4	_____	_____	_____	_____
HPR 180	Internship	3	_____	_____	_____	_____
TOTAL CREDITS FOR CERTIFICATE:		7	_____	_____	_____	_____