



CAREER & TECHNICAL EDUCATION CERTIFICATE
HEALTHCARE PROVIDER: Gerontology 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>
HWE 112	Health and Wellness for the Elderly	3	_____	_____	_____	_____
EMS 134	The Geriatric Patient	1	_____	_____	_____	_____
EMS 151	Geriatric Emergencies	3	_____	_____	_____	_____
TOTAL CREDITS FOR CERTIFICATE:		7				