



**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	_____	_____	_____	_____
<b>TOTAL CREDITS FOR CERTIFICATE:</b>		<b>7</b>	_____	_____	_____	_____