

AAS – ALLIED HEALTH CREDIT FORM

Student Name: _____
(Please Print)

Student #: _____

Required general education and related program courses that must be completed:

- ____ GEO 1
- ____ GEO 2
- ____ GEO 3
- ____ GEO 4

- ____ GEO 5
- ____ GEO 6
- ____ Related Requirement (list) _____

Certificate(s) / Courses completed or planned at JC:

- | | | |
|---|--|---|
| <input type="checkbox"/> Medical Assistant | <input type="checkbox"/> Health Sciences Foundations | <input type="checkbox"/> HOC135 – EKG Tech |
| <input type="checkbox"/> Medical Office Support | <input type="checkbox"/> Patient Care Tech | <input type="checkbox"/> HOC145 – Phlebotomy Tech |
| <input type="checkbox"/> Medical Insurance Coder/Biller | <input type="checkbox"/> EMT Basic | <input type="checkbox"/> EMS116 – Emergency Medical Responder |
| | | <input type="checkbox"/> EMS154 – Advanced EMT |

Third-Party Certification(s)/Licensure: _____

Credits Given: _____ # of credits needed to meet 33 core: _____

A copy of my certification/licensure is attached which **must be approved by the Program Director**. Credits awarded vary by credential.

I understand that the AAS-Allied Health program requires a total of 33 core requirement credits in addition to the General and Related Education requirements. These credits can be met by an approved licensure, certification, or registration, and by taking additional elective credits as suggested in the JC Catalog OR by completing one the of the Certificate programs or combination of courses at Jackson College as listed above.

I plan to take the following courses to complete the 33 core credits required for this program (if applicable). Courses should be transferable to a four-year college/university or health/human services related. I understand that if I decide to make a change to my elective courses below that I must contact the Program Director to ensure I meet program requirements.

Course Code	Course Title	# Credits

Student’s Signature: _____ Date: _____

Program Director Signature: _____ Date: _____

Registrar Initials _____ Date Processed _____

Copies of this form are to be given to Student, Navigator, Program Director, and Registrar.