



COURSE CREDIT FORM – CREDIT FOR PRIOR LEARNING - EMT PARAMEDIC LEVEL

TO: Vice President for Instruction

FROM: HSC Provost

DATE: _____

STUDENT NAME: _____

TVIN: _____

PHONE#: _____

CAMPUS LOCATION: _____

CURRENT MAJOR: Emergency Medical Services

CAT. YEAR: _____ *

Transfer/Articulated/Substituted Credit**		REQUESTED TVCC COURSE INFO		Division Chair
Course Prefix & Number	Course Title	Course Prefix & Number to be placed on transcript	Credit Hours	Approval Signature (required to grant credit)
<div style="border: 1px solid black; padding: 5px; text-align: center;"> Completion of EMT Paramedic Program at non-accredited program + Current EMT Paramedic Certification </div>		EMSP 1355	3	
		EMSP 2444	4	
		EMSP 2461	4	
		EMSP 2434	4	
		EMSP 2330	3	
		EMSP 2462	4	
		EMSP 2143	1	

Requirements:

1. Successful completion of EMT paramedic level courses at non-accredited program;
2. Current certification as EMT Paramedic – submit copy of certification from Texas Health & Human Services;
3. Submit copy of current ACLS and ITLS certification from American Heart Association and copy of PALS or PEPP certification;
4. Successful passage of written evaluation at the EMT Paramedic level with a grade of 75% or better;
5. Satisfactory demonstration of skills proficiency at EMT Paramedic level & satisfactory demonstration of clinical proficiency on simulated EMS Paramedic level scenarios as verified by a TVCC EMS instructor;
6. Submission of \$100 fee for and completion of at least 23 semester hours at TVCC.;
7. Submission of documentation of two year’s recent experience as a paramedic along with letters of recommendation from the current supervisor and medical director.

*Credit will be awarded and applied only to major (degree/certificate) noted above.

**All official transcripts containing credit intended for articulation must be received and evaluated by the Registrar’s Office prior to approval.

Student Signature: _____ Date: _____

Please make this request a part of my permanent TVCC record.

Provost Approval: _____ Date: _____

VPI Approval: _____ Date: _____

Attach current degree plan to form.

EMT Paramedic Level Program

November 26, 2018

After approval signatures, send to Admissions and Records for final processing