



COURSE CREDIT FORM – CREDIT FOR PRIOR LEARNING - EMT INTERMEDIATE 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)
Completion of EMT Intermediate Program or equivalent course content at non-accredited program + Current EMT Intermediate or Paramedic Certification		EMSP 1338	3	
		EMSP 1356	3	
		EMSP 1261	2	

Requirements:

1. Successful completion of EMT Intermediate level courses at non-accredited program;
2. Current certification as EMT Intermediate or Paramedic Certification – submit copy of certification from Texas Health & Human Services;
3. Successful passage of written evaluation at the EMT Intermediate level with a grade of 75% or better;
4. Satisfactory demonstration of skills proficiency at EMT Intermediate level & satisfactory demonstration of clinical proficiency on simulated EMS Intermediate level scenarios as verified by a TVCC EMS instructor;
5. Submission of \$50 fee for and completion of at least 8 semester hours at TVCC.

*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: _____