

Heartland Community College EMT 230 Pre-Requisite Checklist

Student Name _____ Phone _____

Email _____

Advisor Name _____ Phone _____

**** PLEASE NOTE: Completion of this form is required before registration.
Student must present this form to class instructor at meeting.**

EMT-B license

OR

EMT-I license

**** Please attach a copy of the EMT-B or EMT-I license.**

BIOL 121 or equivalent with a "C" or better

OR

BIOL 181 or equivalent with a "C" or better

AND

BIOL 182 either taking concurrently or equivalent with a "C" or better

Preceptor Name: _____

Agency: _____

Contact Phone or E-mail: _____

Documentation of preceptor approval

Advisor Signature

Instructor Signature

Original to Bob Reynolds
One copy to Student Services