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