

Name (last,first):		2005 - 2006 CERTIFICATE CHECKLIST	
Date: _____ SSN: _____		Mobile Intensive Care Nursing	
Evaluator: _____ Phone: _____		All courses must have a grade of "C" or above. All courses must be completed at San Joaquin Delta College. Units earned through Credit by Exam do not apply.	
Applied: ___ Summer ___ Fall ___ Spring ___ Year _____		Notes: _____ _____ _____	
Status: ___ Pending ___ Complete ___ Denied			

Minimum units required = 5.0

		Units	Status
NURS 12	Mobile Intensive Care Nursing	5.0	