

Name (last,first): _____		<b>CERTIFICATE CHECKLIST - FALL 2003</b>	
Date: _____ SSN: _____		<b>Mobile Intensive Care Nursing</b>	
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: Year _____ Summer _____ Fall _____ Spring _____		Notes:	
Status: _____ Pending _____ Complete _____ Denied _____			

Minimum units required = 5.0

	Units	Grade	Verified
NURS 12 Mobile Intensive Care Nursing	5.0		