

Name (last,first): _____		<b>CERTIFICATE CHECKLIST - FALL 2004</b>	
Date: _____ SSN: _____		<b>Emergency Medical Technician (EMT-1)</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 = 7.0

	Units	Grade	Verified
HS 77B      Emergency Medical Technician 1	7.0		