

Application for Award
**CERTIFICATE OF COMPLETION:
 EMERGENCY MEDICAL TECHNICIAN
 PREPARATION**



Instructions to student:

1. Please complete this form.
2. **Attach copies of your unofficial transcripts**, which include classes required for this certificate.
3. Return your completed application to Office of Adult Education (adulted@lahc.edu)
4. A notice will be sent to you by email once your application is reviewed and processed.

Course	Name	P/NP	Semester Completed	Year Completed
VOCED 547	EMERGENCY MEDICAL TECHNICIAN PREP COURSE I			
VOCED 548	EMERGENCY MEDICAL TECHNICIAN PREP COURSE II			

Student Name: _____

Student ID Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: _____

By signing below, I certify that all information is true and correct to the best of my knowledge.

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Do not write in this box

Granted

Denied

Pending

Notes: _____

Reviewed by: _____

on date: _____

Student notified by email on date:

Certificate of completion will be mailed within 6-8 weeks.
 If you have any questions, contact Admissions & Records at arhelp@lahc.edu.