



Health 216 Waiver of Course Requirement*

Name _____

UIN _____

Address _____

E-mail _____

Phone (Home) (____) ____ - ____

(Cell) (____) ____ - ____

Internship/Student Teaching Completion Date

* Completion of this process waives the HLTH 216 course requirement but does not change the number of credit hours required to complete your degree program.

First Aid Card (Check one)

- National Safety Council – 24-30 hr. First Aid Course
- Emergency Care & Safety Institute – 24-30 hr. First Aid Course
- American Red Cross – Emergency Response Course
- American Safety and Health Institute – 24-30 hr. course
- National Registry of Emergency Medical Technicians Certification (EMT-B, EMT-I or Paramedic)
- Texas State Emergency Medical Technician Certification (EMT-B, EMT-I or Paramedic)

Valid Through _____ - _____ - _____
MM DD YY

CPR Card (Check one)

- National Safety Council –Professional Rescuer CPR
- American Heart Association - CPR for Health Care Providers
- American Safety and Health Institute – CPR for Professionals
- American Red Cross – CPR/AED for the Professional Rescuer

Valid Through _____ - _____ - _____
MM DD YY

Advisor Use Only	
Approved: YES _____	NO _____
Date: _____	