



Napa Valley College  
2277 Napa Vallejo Hwy  
Napa, CA 94558

Return Completed form to  
Admissions and Records

Semester and Year \_\_\_\_\_/\_\_\_\_\_

**PETITION FOR CERTIFICATE OF ACHIEVEMENT**

**Please Print**

**PART A: Personal Information**

Student's Name \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Last Name First Name  
Student Napa Valley College ID# \_\_\_\_\_  
Email Address: \_\_\_\_\_

Please make sure Admission and Records has your current address on file.  
Certificates will be mailed to current address.

**PART B: Certificate Information**

**Health Occupations**

Emergency Medical Technician Paramedic

**For Office Use Only:**

Admissions And Records Specialist \_\_\_\_\_

NOTE: Please attach your worksheet/Checklist which outlines course substitutions and verification of requirements met.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**HEOC Coordinator Certification**

EMS Program Director Signature \_\_\_\_\_ Date \_\_\_\_\_



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## Paramedic Check Sheet

Student's Name \_\_\_\_\_ SS# or NVC ID # \_\_\_\_\_

Last Name,      First Name

|  | Course # | Term taken | Grade Received | School Completed | Units |
|--|----------|------------|----------------|------------------|-------|
| Emergency Medical Technician Basic             | EMT 95   |            |                |                  |       |
| Basic Anatomy and Physiology *                 | HEOC 100 |            |                |                  |       |
| Human Anatomy                                  | BIOL 218 |            |                |                  |       |
| Human Physiology                               | BIOL 219 |            |                |                  |       |
| EMT-Paramedic I (Didactic)                     | EMT 310  |            |                |                  |       |
| EMT-Paramedic II (Clinical & Field Internship) | EMT 311  |            |                |                  |       |

*\* = Paramedic Students may substitute other courses – enrollment into EMT 310 indicates an approved substitution was made and approved by EMS Program Director(s)*

Was there a Course Substitution Petition Completed?     Yes     No

EMS Program Director Signature \_\_\_\_\_ Date \_\_\_\_\_

*Emergency Medical Technician: Paramedic Certificate (60 Units) (CCC18048), Posted: 13-14*