



Program Completion Guide

ASSOCIATE IN APPLIED SCIENCE – EMERGENCY MEDICAL SCIENCE BRIDGING PROGRAM (A45340B)

Student Name: _____ ID #: _____ Date of Enrollment: _____

Advisor Name: _____ Contact Information: _____

Note: Developmental coursework may be required. Please refer to the Developmental Education Guide for additional information.

Bridging Program Note: Prior approval and acceptance from EMS Program Coordinator is required to receive 45 articulated credit hours for core courses (EMS 110, EMS 122, EMS 130, EMS 131, EMS 160, EMS 220, EMS 221, EMS 231, EMS 240, EMS 241, EMS 250, EMS 260, EMS 270, and EMS 285).

- Eighteen (18) of the credit hours below must be completed at RichmondCC.

Emergency Medical Science Associate in Applied Science Degree Bridging Program (A45340B) Course Requirements 70-74 credit hours (45 articulated credit hours and 25-29 semester credit hours):

Courses	Cr.	Recommended Semester	Prerequisites/ Co-requisites	Semester Registered/ Planned	Semester Completed/ Grade
EMS 280 EMS Bridging Course	3	1 st year - fall	None		
ENG 111 Writing and Inquiry	3	1 st year - fall	Pre: ENG 025		
Math Option (Choose One): MAT 143 Quantitative Literacy	3	1 st year - fall	Pre: MAT 025		
MAT 152 Statistical Methods I	4		Pre: MAT 025		
MAT 171 Precalculus Algebra	4		Pre: MAT 035		
PSY 150 General Psychology	3	1 st year – fall	None		
BIO 163 Basic Anatomy & Physiology*	5	1 st year – spring	None		
ENG 112 Writing/Research in the Disciplines	3	1 st year - spring	Pre: ENG 111 with a grade of "C" or better		
EMS 235 EMS Management	2	1 st year - spring	None		
HUM 115 Critical Thinking	3	1 st year – spring	None		

NOTES: *All courses must be completed with a grade of "B" or better.

**See course catalog for prerequisite and/or corequisite requirements.

Students please read the following and sign below.

I understand that as an RCC student, I am ultimately responsible for my schedule. I understand that I must complete each course with a grade of "C" or better and follow the established course sequence or my ability to graduate on time may be affected.

My advisor has information regarding other colleges and transfer opportunities that I can investigate after completing my degree/diploma/certificate, and I understand that if I would like more information I can schedule an appointment with him/her.

Student Name: _____ Student Signature: _____ Date: _____

Advisor Name: _____ Advisor Signature: _____ Date: _____

Student Name: _____ Student Signature: _____ Date: _____

Advisor Name: _____ Advisor Signature: _____ Date: _____

Student Name: _____ Student Signature: _____ Date: _____

Advisor Name: _____ Advisor Signature: _____ Date: _____