



Program Completion Guide
DIALYSIS TECHNOLOGY (DIPLOMA) (D45300)
Dialysis Technician

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.

Dialysis Technology (D45300) Course Requirements 45 credit hours:

Courses	Cr.	Recommended Semester	Prerequisites/ Corequisites	Semester Registered/ Planned	Semester Completed/ Grade
ACA 122 College Transfer Success	1	1 st year – fall	None		
DIA 101 Intro to Dialysis Technology*	11	1 st year – fall	Pre: MAT 003 Tier 2 or BSP 4003 Tier 2, ENG 002 or BSP 4002 or ENG 111		
MED 121 Medical Terminology I	3	1 st year – fall	None		
BIO 163 Basic Anatomy & Physiology	5	1 st year – spring	Pre: MAT 003 Tier 2 or BSP 4003 Tier 2, ENG 002 or BSP 4002 or ENG 111		
DIA 102 Dialysis for Special Populations*	11	1 st year – spring	Pre: DIA 101		
DIA 103 Ethical/Legal Issues in Dialysis*	3	1 st year – summer	Pre: DIA 102		
DIA 104 Care of the Complex Renal System*	5	1 st year – summer	Pre: DIA 102		
ENG 111 Writing and Inquiry	3	1 st year – summer	Pre: ENG 002 or BSP 4002 Co: ACA 122, ENG 011		
MED 122 Medical Terminology II	3	1 st year– summer	Pre: MED 121		

NOTES: *All courses must be completed with a grade of “C” 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: _____