

**Allied and Public Health Department**

**Ackerman Hall, Room 102**

**911 South Drive**

**Indiana, PA 15701**

**(724) 357-4440**

**Credit Transfer**

**Indiana University of Pennsylvania Paramedic Program  
of the Institute for Rural Health and Safety and the  
Department of Allied and Public Health**

This document is to certify, for the Office of Admissions-Transfer Services, that the Department of Allied and Public Health (APH) of Indiana University of Pennsylvania will accept the Paramedic Certificate from the Paramedic Program-Institute for Rural Health and Safety, Indiana University of Pennsylvania for up to thirty hours of academic credit from among the following courses:

|                          |   |
|--------------------------|---|
| <input type="checkbox"/> | KHSS 175 Prevention and Care of Injuries to the Physically Active 2c-01-2cr |
| <input type="checkbox"/> | KHSS 242 Emergency Health Care 1c-2l-1cr                                    |
| <input type="checkbox"/> | KHSS 251 Safety and Emergency Health Care 3c-0l-3cr                         |
| <input type="checkbox"/> | KHSS 318 Pre-professional Experience I 3c-0l-3cr                            |
| <input type="checkbox"/> | KHSS 319 Pre-professional Experience II 3c-0l-3cr                           |
| <input type="checkbox"/> | KHSS 365 Orthopedic Injury Assessment in Athletic Training 3c-2l-4cr        |
| <input type="checkbox"/> | KHSS 385 General Medical Conditions in Athletic Training 2c-2l-3cr          |
| <input type="checkbox"/> | KHSS 414 Exercise Electrocardiography 1c-1l-3cr                             |
| <input type="checkbox"/> | KHSS 493 Internship 6-12cr  |
| <input type="checkbox"/> | Free Elective 3cr   |

The student must present the National Registry of Emergency Medical Technicians Paramedic Certificate to the Office of Admissions-Transfer Services, along with the Credit Transfer Agreement form from APH. Selected transfer credits must be reviewed and approved by the APH Department Assistant Chair according to the student's specific major requirements. Transfer of these credits for majors outside of KHSS will be evaluated on an individual basis.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Banner Id #

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dr. Jim Racchini, Assistant Chair  
Department of Allied and Public Health

\_\_\_\_\_  
Date