MyCAA Education & Training Plan (ETP)

The University of Texas at El Paso Professional and Public Programs 101 W. Robinson Ave, Memorial Gym; Rm. 111 El Paso, TX 79968 915-747-7578

http://www.ppp.utep.edu/

Ctudent Information.

| Student information: | |
|----------------------------|--------------------------------------------------------------------|
| Student Name: | |
| School Issued Student ID: | N/A |
| Program Name: | EKG Technician Certificate Program with Clinical Externship C.14.4 |
| Program Type: | Certificate |
| Program Duration: | 4 Months |
| Scheduled Start Date: | |
| Estimated Completion Date: | |
| Course Delivery Format | Online |

Program Overview:

This EKG Technician Program prepares students to perform EKG's. This course will include information on anatomy and physiology of the heart, medical disease processes, medical terminology, medical ethics, legal aspects of patient contact, electrocardiography and stress testing. A highly interactive course!

Certification/Licensure Eligibility upon Program Completion:

EKG Technicians should have or be pursuing a high school diploma or GED.

There are no state approval and/or state requirements associated with this program.

There are several EKG technician National Certification exams that are available to students who successfully complete this program:

- ASPT Electrocardiograph (EKG) Technician exam can be proctored at a local testing facility and are available to all students who complete this program
- NHA Certified EKG Technician exam can be proctored at a local testing center and are available to all students who complete this program

Tuition Cost:

\$3,000

Course Breakdown:

| Course/Program Code | Course/Program Title | Course Credits (if applicable) | |
|-----------------------------------------------------|-------------------------------------------------------------|-----------------------------------------------------------|--------|
| UTEP-EK 05 | EKG Technician Certificate Program with Clinical Externship | 375 Contact Hours/ 37.5 CEU's | |
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| School Official Certifica | ntion: | | |
| By my signature below, I ce named in this document. | ertify the above information is true, accura | te, complete, and being submitted on behalf of the instit | ution: |
| | | | |
| Signature/Title of Authori | zed School Official | Date | |
| | | | |
| School Official Printed Fir | rst and Last Name | School Official E-mail and Phone Number | |