

Miami Dade College
Medical Campus
Introduction to Healthcare (HSC 0003)
Request for Exemption Form

Please print clearly; illegible handwriting will not be processed.

Name: _____

Student #: _____

Date: _____

Telephone: _____

Email: _____

Program: _____

Document(s) submitted

- Professional License
- CPR Card (Must be American Heart Association)
- Transcripts
- Completion Certificate
- Please specify _____
- Other
- Please specify _____

Below is for office use only.

Date Received: _____

Processed Date: _____

Processed by: _____

*****Exemption is granted only for students who have clinical experience and an associated health care certification/license which involves direct patient care*****