**Course Sequence for Sports Medicine Program:**

*COURSE NAME/credits: Course Completion data:*

 *School Year Trimester# Grade*

Emergency Procedures.5 \_\_\_ \_\_\_ \_\_\_

Medical Terminology.5 \_\_\_ \_\_\_ \_\_\_

Health Science Principles 1.0 \_\_\_ \_\_\_ \_\_\_

Essentials of Sports Medicine 1.0 \_\_\_ \_\_\_ \_\_\_

Applied Sports Medicine 1.0 \_\_\_ \_\_\_ \_\_\_

Sports Medicine Internship 1.0 \_\_\_ \_\_\_\_ \_\_\_

*Sports Medicine Instructor Endorsement Signatures:*

Acceptance to program:

\_\_\_\_\_\_\_\_\_ date: \_\_\_\_\_\_\_\_

Completer status:

\_\_\_\_\_\_\_\_\_ date: \_\_\_\_\_\_\_\_

KOSSA completion

Date: \_\_\_\_\_\_