Points may be granted toward your application score for 2020 if you hold a **current/active** licensure/certification. Points may only be granted for (1) license/certification (contingent upon approval from Admission Committee). Credentials not on this list are not considered. The following are considered:

- **10 pt:** ARDMS (RDMS, RDCS, RVT)
- **5 pt:** CCI (RCS, RVS)
- **5 pt:** RT – S
- **5 pt:** Respiratory License
- **5 pt:** Paramedic AAS License
- **3 pt:** CCI (RCS, RVS)
- **3 pt:** LVN License
- **3 pt:** Medial Assst Cert
- **3 pt:** Respiratory License
- **3 pt:** Paramedic AAS License
- **3 pt:** RN
- **3 pt:** RPSGT
- **3 pt:** RDH
- **3 pt:** CCT
- **3 pt:** CRAT
- **3 pt:** EKG
- **3 pt:** LMRT
- **3 pt:** CPSGT
- **3 pt:** RPSGT

Submit the following to Director Martin by **May 1, 2020** (no exceptions) for review:

1. Copy of card – front and back
   a. Card must contain your name
   b. Card must contain current dates
   c. Active dates must extend through our May 27, 2020 application deadline
   d. Card must contain a registry or certification number
2. Provide contact information for the agency that awarded the license/certification
3. 2 copies of completed form (attached)

**Please note: points are not awarded for completion of a program or a certificate of completion for a course.** To earn a license or certification, you likely completed a program and passed a state &/or national board exam to earn your credential(s), and must maintain good status by completing CME’s and paying yearly dues, etc. (**example only, each license/certification is different**).

**Decision to award or not to award points is at the Admission Committee’s discretion, decision is final.**

After review, you will be notified of decision either way via your Lonestar.edu email address. A copy of the form signed by Director Martin must be turned in with your application packet by the May 27, 2020 deadline, no exceptions.
Applicant – complete this form (2 copies) and attach a copy of the card.

Applicant Name: ________________________________
LSC id#: __________________
LSC email: ___________________________ Phone #: __________

Type of license or certification applicant is requesting to be considered by committee: (circle 1)

<table>
<thead>
<tr>
<th>10 pt:</th>
<th>5 pt:</th>
<th>3 pt:</th>
</tr>
</thead>
<tbody>
<tr>
<td>ARDMS (RDMS, RDCS, RVT)</td>
<td>Paramedic Certification</td>
<td>EMT Basic</td>
</tr>
<tr>
<td>CCI (RCS, RVS)</td>
<td>EMT Intermediate Cert</td>
<td>CNA</td>
</tr>
<tr>
<td>RT – S</td>
<td>LVN License</td>
<td>LMRT</td>
</tr>
<tr>
<td>RT – R</td>
<td>Medical Asst Cert</td>
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<tr>
<td>RDH</td>
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</tbody>
</table>

Provide contact information of agency awarding license/certification. Agency name:_______________

Website to verify current & active: __________________________ Agency phone number: ________________

If any additional information is needed for verification, provide info here: ____________________________

Date of submission: ___________________________ (deadline is 5/1/20)

Applicant Signature: __________________________________________

Applicant do not write below line, for program use only.

Date reviewed by Admissions Committee: __________________________

(Circle): Approved Points to be awarded: 10 5 3 Not Approved

Comments: __________________________________________________

Program Director Signature: __________________________ Applicant notified? __________

Approved 10.16.19  JM