

# Aging Services Certificate - My Academic Plan (MAP)

<i>Date</i>	<i>Student Name</i>	<i>Advisor Name</i>	<i>Area of Focus</i>
		JAHRAEL BURRELL	
<i>KCTCS ID Number</i>	<i>Student Phone</i>	<i>Advisor Phone</i>	<i>Minimum Hours Required</i>
		270-707-3879	24

Student Signature: \_\_\_\_\_

Advisor Signature: \_\_\_\_\_ JAHRAEL BURRELL

Required Human Services Courses		Hrs	Course	Semester Taken	Comments
SWK 281	Psychology of Aging	<input type="checkbox"/>	3		
HMS102	Values of Human Services	<input type="checkbox"/>	3		
<b>SWK 180</b>	Introduction to Gerontology	<input type="checkbox"/>	<b>3</b>		
HMS 265	Working with Disabilities in Human Services	<input type="checkbox"/>	3		

Either/Or coursework		Hrs	Course	Semester Taken	Comments
SWK 275 / FAM 252	Family or Family Science	<input type="checkbox"/>	3		
MNAA 100 or NAA 100	MedicalAid Nursing/ Nursing Assistant Skills I	<input type="checkbox"/>	3		

