SOUTHERN ILLINOIS UNIVERSITY **EDWARDSVILLE**

Health Experience Completion Request Form

Request to acknowledge a Pre-Approved Health Experience

e-ID			University ID 800 Phone:		
Health comple	eted one of the following experience sented to the Service Center.	when a student pro	vides da	ted certification that shows they have ation . Certification materials should	
0 0 0 0 0	One semester in SIUE Club Sports; eSports excluded PADI SCUBA diving certification (initial training only, not recertification) Emergency Medical Response certification (initial training only, not recertification) Lifeguard certification (initial training only, not recertification) Basic Training (Military)		Certified Yoga Instructor Certified ACSM Personal Trainer Certified ACSM Group Exercise Instructor Completion of at least five Health Experience designated SIUE Student Academic Success Sessions (SASS) through the Office of Retention and Student Success Completion of Introduction and at least five modules of the ACCESS "Online Learning Community Course" [available for students registered with ACCESS] CPR (initial certification). Cannot be completed with an online course Completion of 10-hour Occupational Safety and Health (OSHA) training course Completion of SIUE's 6-hour Green Dot		
List at	tached documentation:		Training	>	
The G	eneral Education Committee reserv	es the right to requ	iest addi	tional documentation when needed.	
Student S	Signature			Date	
	the request form and attached docume Service Center, Box 1080, Edwardsvill				
Office U					
Rec'd i	n Service Center:	Entered in Banner:		Student notified via email:	