## SOUTHERN ILLINOIS UNIVERSITY **EDWARDSVILLE**

## **Health Experience Completion Request Form**

## Request to acknowledge a Pre-Approved Health Experience

e-ID			University ID 800  Phone:		
0	One semester in SIUE Club Sports; e excluded	eSports o	Certifie	d ACSM Personal Trainer d ACSM Group Exercise Instructor	
0	PADI SCUBA diving certification (i training only, not recertification) Emergency Medical Response certification (initial training only, not recertification)	ication	Comple designa Session	etion of at least five Health Experience ted SIUE Student Academic Success s (SASS) through the Office of on and Student Success	
0	Lifeguard certification (initial training only, not recertification)		<ul> <li>Completion of Introduction and at least five modules of the ACCESS "Online Learning</li> </ul>		
0	Completion of SIUE Indoor Triathalon SIUE Campus Recreation Participation 10 sessions of one activity: Yoga Belly Dancing		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	g	
The G	eneral Education Committee reserv	es the right to requ	uest addi	tional documentation when needed.	
Student S	Signature			Date	
	the request form and attached docume Service Center, Box 1080, Edwardsvill				
Office U	se Only:				
		Entered in Banner:		Student notified via email:	