MyCAA Education & Training Plan (ETP)

Texas A&M University Texarkana (TAMUT) Extended Education and Community Development 7101 University Ave | Texarkana, TX 75503 903-334-6709 http://www.tamut.edu/EECD/

Student Information:

Student Name:	
School Issued Student ID:	Ν/Α
Program Name:	Human Resources Professional Certificate Program with Externship C.23.46
Program Type:	Certificate
Program Duration:	6 Months
Scheduled Start Date:	
Estimated Completion Date:	
Course Delivery Format	Online

Program Overview:

The Human Resources Professional Program introduces human resources (HR) functions and related elements and activities to students wishing to enter a career in this field or anyone who runs or may start a business of their own. This program will outline for students the roles and responsibilities of members of a typical HR department, educating the staff that make up a particular firm in various corporate policies, rules and/or procedures as well as how their individual roles will include HR-related activities, whether officially part of an HR department or not. Students will learn about the evolution of HR management to the modern functions of most HR divisions from the perspective of both management and subordinate employees. Further, students will explore various compensation structures and gain an understanding of the importance of maintaining fair and equitable compensation and benefit programs.

Certification/Licensure Eligibility upon Program Completion:

Students should have or be pursuing a high school diploma or GED.

There are no state approval and/or state requirements associated with this program.

There is a National Certification exam available to students who successfully complete this program:

- Microsoft Office Specialist (MOS) Certification Exam.

Tuition Cost:

\$3,999

Course Breakdown:

Course/Program Code	Course/Program Title	Course Credits (if applicable)
TAMUT-B-HPRO	Human Resources Professional Certificate Program with Externship	375 Contact Hours/ 37.5 CEU's

School Official Certification:

By my signature below, I certify the above information is true, accurate, complete, and being submitted on behalf of the institution named in this document.

Date

Signature/Title of Authorized School Official

School Official Printed First and Last Name

School Official E-mail and Phone Number