



# 2015-2016 CP-CNA –Certificate of Proficiency in Nursing Assistant (7 hours)

Last Name	First Name	Student T#	Date
SGASTDN: _____ SHADIPL _____	Requirements met? Yes No	TC Term _____	Degree GPA
Green Transcript: Yes No	Sub/Waive form? Yes No	Grad date _____	Honors (Circle applicable)
SHATCMT _____  Green Course	Total earned hours _____	AAS Term _____	CUM MAGNA SUMMA
		Grad date _____	

	Course#	Title	Offered	Grade	Term	Sub Course #	Sub Inst
Certificate of Proficiency Requirements	CNA 1114 	Basic Nursing Principles and Skills I				LPN 1114	ATUOC
	HSCI 1113	Medical Terminology				BUS 2233	ATUOC

**OFFICE USE ONLY**

Requested By: \_\_\_\_\_

Date: \_\_\_\_\_

Revised, July 2013