

**Manhattan Area Technical College
Institutional Policy and Procedure Manual
Division of Nursing Policy and Procedure**

Policy No. 5.1.5

Title: Nursing Program CNA Waiver Policy	
Originated by: Director of Nursing	Originated Date: 9/2010
All Faculty Approval Date: 9/28/21	
President/Board of Directors Approval Date: 9/28/21	
Revised by: Dean of Nursing & Health Programs/VPSS	Revised Date: 7/2021
Reviewed on: 9/2010; 11/2010, 7/2013, 9/2013, 8/2016; 7/2021	

Policy Statement:

Practical nursing applicants who have training as a medic/corpsman in the Armed Forces, EMT certification, or Certified Medical Assistant (CMA) may choose to take a CNA proficiency exam in lieu of obtaining a CNA certificate. The exam will have two sections: a didactic exam, and a skills test. Both sections must be completed with a passing score to receive the CNA waiver. The testing must be completed within the year preceding the application deadline.

(Note: this will only provide entrance to MATC Practical Nursing. This process does not qualify the applicant for CNA certification with the state of Kansas.)

Rationale:

Persons who have received EMT, medic/corpsman, or CMA training have many of the skills acquired in a CNA course. This process allows them to demonstrate those skills in lieu of a CNA certificate.

Procedure:

1. Potential PN applicant completes the Credit for Prior Learning (policy 5.1.3) Application for Credit by Examination process and provides proof of current certification for CMA (must be from the AAMA, the American Association of Medical Assistants; a comparable national certification will be considered), EMT certification, or training for medic/corpsman (DSST), pays all associate fees and provides all required documents to the MATC Registrar.
2. Approval to complete the CNA proficiency process will be made by the Chief Academic Officer (CAO) and the Dean of Nursing & Health Programs (DON).
3. Applicant will be notified of the decision by the Registrar's office.
4. If approved, the Director of Allied Health will conduct the CNA proficiency process.
5. The CNA proficiency process includes:
 - a. Applicant obtains Kansas CNA curriculum from Kansas Department of Aging and Disability. Click here for [Kansas CNA Curriculum](#).
 - b. Once enrolled, the candidate contacts the Director of Allied Health to schedule MATC CNA exam and skills testing.
 - c. If the applicant passes the CNA exam with a score of 85%, then they are scheduled for skills testing.
 - d. Skills testing must also be successfully completed for applicant to obtain CNA waiver.
 - e. The Director of Allied Health provides proficiency results to the Registrar via the completed Application for Credit Examination form and CNA Waiver Verification. CNA Waiver Verification is then provided to the DON.
 - f. After successful completion of the proficiency process, the applicant may begin the PN application.



Application for Advance Standing Certified Nurse Assistant (CNA) Waiver

Student Name _____ ID# _____ Date _____

ALH-100 Certified Nurse Assistant

Course Number and Name of Course _____

By signing below, the student acknowledges:

- a) understanding the Credit by Examination procedure,
- b) student may apply for a maximum of 9 credit hours by examination,
- c) agree to pay the appropriate fee of \$50 per credit hour of course prior to taking the examination, and
- d) further understand that if successful on the examination, it will be transcribed as "Credit."

Student Signature _____

Date _____

WRITTEN EXAM

Date of Written Exam _____

Score Achieved _____
(must be >85%)

Test Examiner _____

Date _____

SKILLS TESTING

Date of Skills Testing _____

Pass/Fail _____

Test Examiner _____

Date _____

Approval for CNA Waiver

The above-named student meets the requirements for CNA Waiver, including a passing score on a written exam and a skills review. This document replaces the requirement for a Kansas CNA certificate for entrance into the PN Program.

Dean of Nursing & Health Programs

Date

CAO

Date

FOR OFFICE USE ONLY

Credit for Prior Learning Fee \$ \$250 Receipt# _____ Date Paid _____

Registrar _____ Date _____