



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 _____