

**Application for Award
 CERTIFICATE OF ACHIEVEMENT IN CERTIFIED
 NURSE'S ASSISTANT (CNA) HOME HEALTH AIDE (HHA)**
 Academic Plan: H035551D



Instructions to student:

1. Please complete this form.
2. Attach copies of your transcripts which include classes required for this certificate.
3. Return your completed application to Admissions & Records (SSA 218) 310-233-4020, or use your district email account (ends in @student.laccd.edu) to email completed forms to arhelp@lahc.edu.
4. A notice will be sent to you by email once your application is reviewed and processed.

Course	Name	Units	Grade	Semester Completed	Year Completed
HLTHOCC 062	Skill Set for the Health Care Professional	2			
HLTHOCC 063	Basic Medical Terminology, Pathophysiology and Pharmacology	2			
HLTHOCC 064	Cultural and Legal Topics for the Health Care Professional	1			
HLTHOCC 065	Fundamentals for the Health Care Professional	2.5			
NRS-HCA 399A	Certified Nursing Assistant	6			
HRS-HCA 399B	Certified Home Health Aide	2			
	Total Units	15.5			

Student Name: _____

Student ID Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: _____

By signing below I certify that all information is true and correct to the best of my knowledge.

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Do not write in this box

Granted

Denied

Pending

Notes: _____

Reviewed by: _____

on date: _____

Student notified by email on date:
