

**Application for Award
 CERTIFICATE OF ACHIEVMENT IN
 CERTIFIED NURSING ASSISTANT (CNA)
 Major Code: 123030**



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.
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			
NURSING 399A	Certified Nursing Assistant	5			
	Total Units	12.5			

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:

Application for Award SKILLS CERTIFICATE IN HEALTH OCCUPATIONS

Major Code: 123000



Instructions to student:

1. Please complete this form.
2. Attach copies of your transcripts which include classes required for this certificate.
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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 62	Skill Set for the Health Care Professional	2			
HLTHOCC 63	Basic Medical Terminology, Pathophysiology and Pharmacology for the Health Care Professional	2			
HLTHOCC 64	Cultural and Legal Topics for Health Care Professionals	1			
HLTHOCC 65	Fundamentals for the Health Care Professional	2.5			
	Total Units	7.5			

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: _____

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

Major Code: 123080



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.
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			
NURSING 399A	Certified Nursing Assistant	5			
NURSING 399B	Certified Home Health Aide	2			
	Total Units	14.5			

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:
