

REQUEST FOR WAIVER/EXEMPTION

Individuals seeking admission into the Practical Nursing and Medical Assisting programs are required to complete the requirements for the Healthcare Assistant Technical Certificate of Credit prior to beginning those programs. Students seeking a waiver of part or all of that requirement should complete this form, attach appropriate documentation, and submit it to Dr. Faye Mathis, Academic Dean for Allied Health. Email this form and required documents to Dr. Mathis at [fmathis@coastalpines.edu](mailto:fmathis@coastalpines.edu)

STUDENT NAME \_\_\_\_\_ STUDENT ID: \_\_\_\_\_

PROGRAM OF STUDY (MAJOR) \_\_\_\_\_ STUDENT E-MAIL: \_\_\_\_\_

\_\_\_ I am seeking a waiver of the NAST 1100 Nurse Aide course. I have attached a copy of my current Nurse Aide license and a letter from my employer, on letterhead, indicating I have been working a minimum of six months as a Nurse Aide, Patient Care Assistant, or Patient Care Technician.

\_\_\_ copy of current Nurse Aide registry card

\_\_\_ letter from employer

\_\_\_ I am seeking a waiver of the Healthcare Assistant TCC requirement based on completion of a diploma or degree in a healthcare field from an accredited institution. I have attached a copy of an appropriate transcript indicating award of that credential.

\_\_\_ copy of transcript verifying credits

\_\_\_ I am seeking a waiver of the Healthcare Assistant TCC requirement based on completion of all of the required courses at another accredited institution. I have attached a copy of appropriate transcript(s) showing those courses.

\_\_\_ copy of transcript verifying credits

\_\_\_ I approve/recommend approval of this request.

\_\_\_ I do not approve/recommend approval of this request.

\_\_\_\_\_  
Dean Signature (NAST 1100 waiver)

\_\_\_\_\_  
Date

\_\_\_\_\_  
VPAA Signature (HCA waiver)

\_\_\_\_\_  
Date