

Coconino Community College Advanced Placement CNA Course

Allied Health Program Verification Form

Submission Requirements:

- This form must be completed in full and signed by the program supervisor or instructor.
- Attach an unofficial transcript verifying program completion.
- Submit this form and transcript to the Coconino Community College Nursing Department by the application deadline.

For questions or assistance, contact the Coconino Community College Nursing Department at 928-526-7640. Office hours are Monday-Friday 8am-5pm (Monday-Thursday during the Summer)

Applicant Information:

Full Name:	
Date of Birth:	
CCC Student ID:	
Phone Number:	
Email Address:	

Allied Health Program Information:

(To be completed by the applicant)

Name of Institution:	
Program Completed:	
Date of Completion:	
Program Length (hours/weeks/months):	

Course Descriptions:

List the relevant courses you completed that align with the allied health training program that was completed within the past 5 years. Attach additional pages if necessary.

Course Title	Course Description	Completion Date (Semester and Year)

Verification by Program Supervisor/Instructor:

I certify that the above-named student has successfully completed the allied health program listed above within the past five years. I attest that the information provided is accurate and complete to the best of my knowledge, and I confirm that the patient has participated in clinical or patient care as part of the requirement for successful completion of this program.

Supervisor/Instructor Name:	
Title/Position:	
Institution Name:	
Phone Number:	
Email Address:	

Signature

Date