## NorthWest Arkansas Community College Certificate of Proficiency Nursing Assistant

Last Name	•	First Name		Mid. Initial	Student ID Number	
1			DATE COMPLETED	COLLEGE OR UNIVERSITY	COURSE NUMBER	GRADE
Health Pi	rofessions					
AHSC	1213	Certified Nursing Assistant				
AHSC	1223	Patient Care Assistant Plus				
AHSC	1123	Electronic Health Records				•
AHSC	1001	Medical Terminology				
Electives						
(Choose 2	2 for 6 hou	rs)				
CISQ	1103	Introduction to Computer Information				
<b>EMTA</b>	1013	First Responder			<u> </u>	•
ENGL	1013	English Composition			<u> </u>	•
PSYC	2003	General Psychology			<del></del>	
PSYC	2103	Human Growth & Development				
	_	talog for Prerequisites/Co-requisites Before Enrolli nancial Aid Eligible.	ing in this Class.		<del></del>	
		red in residence at NWACC to graduate				
		ned this degree plan and I understand that I am res	ponsible for following t	he above guidelines as defined	l in the college catalog for course prerec	quisites.
	Auditor:				Date:	
	Student's	Signature:			Date:	