Vance-Granville Community College

Nursing Programs Waiver Request Form CNAI Requirement

Directions: Students requesting a waiver of the CNAI requirement must complete this form and submit all related supporting documentation for review by the Nursing Department Admissions Committee. The form and supporting documentation must be submitted by the PROGRAM APPLICATION deadline for ADN and PN admission. Early submission is encouraged as recommendations may be sent from the committee for completion by the applicant.

Student Name: **Student ID #**

VGCC Student Email Address:

Date Submitted: **Program of Study:**

Waiver Requested for (*Please check one*):

☐   CNAI Registry Listing

Approved Substitutions for CNAI Requirement (pending verification of documentation):

1. Current unrestricted North Carolina LPN license (verified at www.ncbon.com)

   NC LPN License Number:

   Date verified: By:

2. Current status as a Certified or Registered Medical Assistant via one of the following avenues:

   - American Medical Technologists
     http://www.americanmedtech.org/Certification/MedicalAssistant.aspx

   - The American Registry of Medical Assistants
     http://www.arma-cert.org/

   - American Association of Medical Assistants
     http://www.aama-ntl.org/

   Current card verifying certification or registry must be submitted by the student.

   Agency: Card Number: Expiration Date:

   Please note: a degree or diploma as a medical assistant is NOT accepted. The student must be certified or registered via one of the avenues as listed above.

3. Current licensure as NC EMT-Paramedic

   Card Number: Expiration Date:

Student Name: **Student ID #:**

Work Verification (*To be completed by supervisor at place of employment*)

□   Student meets qualification of 640 hours of full or part time employment in occupation related to waiver request.

1. Place of employment (name, address, phone number):

2. Description of place of employment:

3. Months employed as full time or hours worked as a part time employee:

By signing below, I indicate that the above listed employee has been employed at the facility for the number of months or hours listed above.

Printed Name of Supervisor and Title   *Signature of Supervisor*   *Date*

All other certifications, work-related experiences or educational experiences will need to be submitted for review by the committee. Please send all documentation such as certification certificates, registry listings, employment verification (including job description and hours worked), and/or schooling information by the PROGRAM APPLICATION DEADLINE for ADN and PN admission.

This form should be submitted with the PROGRAM APPLICATION by the deadline.