



Crosswalk Verification for Trained Medication Aide - HEAL 1075 - 3 cr.

Student Name: _____ ID Number: _____

1. _____ Received credits for training – official transcript is provided for transfer.
2. _____ Training was not taken for credit. Proof of the following is provided for review.
 - a. Documentation showing course was at least 48 hours in length.
 - i. Includes dates, is printed on letterhead, and is signed by an administrator or instructor.
 - b. _____ Original certificate of completion issued by the college/facility.
3. _____ Student must complete a written exam and demonstrate competence in hands-on skills. There is a cost for testout of \$50 for the lecture credit and \$100 per lab credit which totals \$200.
4. _____ Credit for Prior Learning form has been completed and fee has been paid.
5. _____ Testout has been scheduled with the course instructor.
6. _____ Student must have the required documentation before seeking the program faculty advisor signature.

I have confirmed that all the above requirements have been satisfied and the documentation is attached.

Student Signature _____ Date _____

Approving Signature _____ Date _____

Registrar Signature _____ Date _____