

Student's Name: _____

Student ID#: _____

Radiation Health and Safety Certificate No: _____

Expiration Date: _____ *or*

DANB CDA Certificate No: _____

Expiration Date: _____ *or*

NM RDH License No: _____

Expiration Date: _____

Submit required documents to Enrollment Services at CNM Main Campus, or email askgrad@cnm.edu with attachments of the required documents.

Required Documents for requesting CPL

1. A completed, signed CPL Dental Sciences Form (this form),
2. Proof of \$25 fee payment (you may take a completed copy of this form and pay in-person at the CNM Cashier, or you can pay online through the [CPL Store](#) and print/save a copy of the receipt to attach to your request with all other documents),
3. A copy of your government issued ID, **and**
4. A current and valid Radiation Health and Safety certificate, DANB CDA certificate, or RDH license. See page 2 for more details.
5. A current and valid Professional Healthcare Provider – level CPR card, if requesting credit for HLTH 1001.

*Licenses and/or certifications are checked for validity through their corresponding agency.
Incomplete or invalid requests will not be processed.*

Statement of Understanding

I confirm that am a current CNM student and I have a declared major to which this credit will apply. I am using the attached documents as evidence of my prior learning. I understand that I must still complete CNM graduation residency requirements and that CPL counts toward the [maximum time frame](#) standard of academic progress for financial aid. I realize that my request for CPL will not be completed if I do not submit my request to Enrollment Services or to askgrad@cnm.edu with this completed form, and all required documents listed above. Further, I understand that credit earned through CPL may not be accepted at another college or university and it is my responsibility to contact any institution in which I intend to transfer to inquire into their policy on accepting CPL awarded at CNM.

X

Student Signature

Date

FOR CNM OFFICE USE ONLY	
CASHIER	ENROLLMENT SERVICES
_____	_____
Processed by	Date Processed
_____	_____

Please indicate your classification and for which you are submitting the corresponding documentation.

If your classification level is:		You will receive credit for:
<input type="checkbox"/>	Radiation Health and Safety Certificate	DA 1107 – Principles and Techniques of Dental Radiology I (2 Cr) DA 1193 – Principles and Techniques of Dental Radiology I Lab (1 Cr) Total: 3 credit hours
<input type="checkbox"/>	Certified Dental Assistant	DA 1010 – Dental Science I (3 Cr) DA 1107 – Principles and Techniques of Dental Radiology I (2 Cr) DA 1192 – Practical Application of Dental Materials Lab (1 Cr) DA 1193 – Principles and Techniques of Dental Radiology I Lab (1 Cr) DA 1292 – Fundamentals of Chairside Assisting I Lab (1 Cr) Total: 8 credit hours
<input type="checkbox"/>	Registered Dental Hygienist	DA 1010 – Dental Science I (3 Cr) DA 1107 – Principles and Techniques of Dental Radiology I (2 Cr) DA 1192 – Practical Application of Dental Materials Lab (1 Cr) DA 1193 – Principles and Techniques of Dental Radiology I Lab (1 Cr) DA 1292 – Fundamentals of Chairside Assisting I Lab (1 Cr) Total: 8 credit hours
To request credit for HLTH 1001 – Clinical Preparation (1 Cr), include the following documentation (4 items total):		
<input type="checkbox"/>	1. One of the following accepted CPR certifications, current and valid: <ul style="list-style-type: none"> • American Heart Association "BLS Healthcare Provider," or • American Red Cross "CPR/AED for the Professional Rescuer," or • Emergency Care and Safety Institute "Professional Rescuer CPR," or • National Safety Council "CPR and AED," or • Medic First Aid "Pediatric Plus G-2105" or • American Safety & Health Institute "CPR for the Professional Rescuer," or • Military Training Network "BLS Healthcare Provider," or • EMS Safety Services "CPR/AED for the Professional Rescuer" 	
<input type="checkbox"/>	AND, current (within 12 months) certification or training credential in each of the following:	
<input type="checkbox"/>	2. Bloodborne Pathogens training, and	
<input type="checkbox"/>	3. HIPAA, and	
<input type="checkbox"/>	4. Infection Control	
Students must provide an appropriate CPR card and proof of current training in blood-borne pathogens, HIPAA, and infection control in order to receive credit for HLTH 1001.		