

Student Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

ARRT (R) ID No: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Submit required documents to Enrollment Services at CNM Main Campus, or email [askgrad@cnm.edu](mailto:askgrad@cnm.edu) with attachments of the required documents.

**Required Documents for requesting CPL**

1. A completed, signed CPL Radiologic Technology 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 ARRT Radiography (R) certificate, and
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.*

If your classification level is:	You will receive credit for:
<input type="checkbox"/> ARRT Radiography (R)	BPCS 1092 – Basic Patient Care Skills (1 Cr) RADT 1070 – Radiographic Positioning I (4 Cr) RADT 1075 – Patient Care for Radiography (2 Cr) RADT 1520 – Radiation Biology and Protection (2 Cr) RADT 1570 – Radiographic Positioning II (4 Cr) RADT 1690 – Clinical Experience I (5 Cr) RADT 2010 – Radiographic Imaging I (3 Cr) RADT 2090 – Clinical Experience II (5 Cr) RADT 2404 – Radiographic Imaging II (3 Cr) RADT 2408 – Radiographic Pathology and Cross-sectional Anatomy (3 Cr) RADT 2410 – Radiographic Physics and Instrumentation (3 Cr) RADT 2490 – Clinical Experience III (5 Cr) RADT 2890 – Clinical Experience IV (6 Cr) RADT 2999 – Radiologic Technology Capstone (2 Cr) <p style="text-align: right;"><b>Total: 48 credit hours</b></p>

**To request credit for HLTH 1001 – Clinical Preparation (1 Cr), include the following documentation (4 items total):**

<input type="checkbox"/>	<ol style="list-style-type: none"> <li>1. One of the following accepted CPR certifications, current and valid:               <ul style="list-style-type: none"> <li>• American Heart Association "BLS Healthcare Provider," or</li> <li>• American Red Cross "CPR/AED for the Professional Rescuer," or</li> <li>• Emergency Care and Safety Institute "Professional Rescuer CPR," or</li> <li>• National Safety Council "CPR and AED," or</li> <li>• Medic First Aid "Pediatric Plus G-2105" or</li> <li>• American Safety &amp; Health Institute "CPR for the Professional Rescuer," or</li> <li>• Military Training Network "BLS Healthcare Provider," or</li> <li>• EMS Safety Services "CPR/AED for the Professional Rescuer"</li> </ul> </li> </ol>
<input type="checkbox"/>	<p>AND, current (within 12 months) certification or training credential in each of the following:</p>
<input type="checkbox"/>	<ol style="list-style-type: none"> <li>2. Bloodborne Pathogens training, and</li> </ol>
<input type="checkbox"/>	<ol style="list-style-type: none"> <li>3. HIPAA, and</li> </ol>
<input type="checkbox"/>	<ol style="list-style-type: none"> <li>4. Infection Control</li> </ol> <p>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.</p>

***Continue on page 2.***

**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](mailto: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

<b>FOR CNM OFFICE USE ONLY</b>	
CASHIER	ENROLLMENT SERVICES
_____	_____
Processed by	Date Processed
_____	_____