CENTRAL LOUISIANA TECHNICAL COMMUNITY COLLEGE

REQUEST FOR CREDENTIAL – Nursing and Allied Health

SITE:

- ☐ Alexandria
- ☐ Ferriday
- ☐ Huey P. Long/Winnfield
- ☐ Lamar Salter/Leesville
- ☐ Oakdale
- ☐ Rod Brady/Jena
- ☐ WHN Avoyelles/Cottonport

Semester/Year _____

The following student has successfully completed requirements for a CLTCC credential. Please enter the student's name as it should appear on the credential:

Last Name _____ **First Name, MI** _____ **Banner ID (mandatory)** _____

Please document the specific credential(s) earned:

	CLTCC CREDENTIALS:		*LICENSURE/CERTIFICATIONS:*
	TD – Practical Nursing		***PN: LPN Licensure***
	TCA – Health Aid /Nurse Aide Registry (PN)		***Pharmacy Tech: Pharmacy Technician (PTCB) Certification***
	CTS- Pharmacy Technician		***PCT: Phlebotomy NHA/NAHP Certification***
	CTS- Patient Care Technician		***PCT: EKG NHA/NAHP Certification***
	TCA – Nurse Assistant /Nurse Aide Registry		***EMT Basic: EMS State/National Certification***
	TCA – Phlebotomy Skills		
	TCA – EKG Skills		
	Nurse Assistant Completion (Non-Credit) Nurse Aid Registry		
	EMT Basic Completion (Non-Credit)		

Requested by:

_____ Faculty /Date

_____ Program Coordinator/Date

_____ Dean/Date

For Academic Affairs Use Only (Please Initial in each box):

- ☐ Completed Transcript Audit
- ☐ Cleared Financially
- ☐ Entered in Banner
- ☐ Exit Form Completed
- ☐ Placement Form Completed

REVISED 4/15