



CAÑADA COLLEGE

Business, Design, & Workforce Division Petition for Community Health Worker Certificate of Achievement

I hereby petition to receive from Cañada College the Community Health Worker Certificate of Achievement at the conclusion of the FALL ____ SPRING ____ Semester. (SUMMER by special arrangement only)

NAME TO APPEAR ON CERTIFICATE (print):

(First) (Middle) (Last)
YOUR NAME(print) _____
(First) (Middle) (Last)

MAILING ADDRESS

(Number) (Street) (Apartment) (City) (Zip)
COLLEGE ID"G" NO. ____ - ____ - ____ HOME TELEPHONE (____) ____ - ____
EMAIL _____ CELL PHONE NO. (____) ____ - ____

Yes No I am applying units completed at another college towards my certificate.
If yes, official transcripts from that college have been sent to Cañada College as transfer units. Name of College/University _____

YOUR SIGNATURE _____ DATE _____

FOR OFFICE USE ONLY

INITIAL REVIEW

FINAL REVIEW

Approved: _____ Pending: _____ Denied: _____
Counselor notified: _____
Student notified: _____
Copy of letter(s) attached: _____
Reason for pending or denied status: _____

Approved: _____ Denied: _____
Counselor notified: _____
Student notified: _____
Copy of letter(s) attached: _____
Reason for pending or denied status: _____

Units GPA to Date
[] []
Cum Laude Magna Cum Laude Summa Cum Laude
[] [] []

Units GPA to Date
[] []
Cum Laude Magna Cum Laude Summa Cum Laude
[] [] []

Male Female

Petition received in Admissions & Records Office: _____

Certificate Mailed: _____

Initial Evaluation: _____ Date: _____
Final Evaluation: _____ Date: _____
Counselor's Signature: _____ Date: _____

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CERTIFICATE REQUIREMENTS

- _____ The prescribed courses and units must be completed as identified in the catalog.
- _____ Fifty percent (50%) of the required courses must be completed at Cañada College. Equivalent lower division courses completed at other institutions holding district approved accreditation may be submitted on a Request for Substitution petition for consideration to satisfy some certificate requirements.
- _____ All CORE classes applied to the certificate must receive a grade of C or better.
- _____ Computer Literacy Requirement: satisfactory completion of a minimum of 1 unit in designated computer related courses (**PLEASE NOTE: Required ONLY if using an academic catalog PRIOR to 2011-2012**).
- _____ Students must be in “good academic standing” to receive a certificate.

Please indicate which catalog (academic year) you are following: _____

You must complete ALL REQUIRED COURSES FOR THE CERTIFICATE as listed below:

CORE REQUIREMENTS	UNITS	COMPLETED
HMSV 161 Information and Referral: Understanding Community Resources	1.0	_____
HMSV 672 Cooperative Education: Human Services Internship	3.0	_____
HSCI 100 General Health Science	3.0	_____
Selective Courses: (See catalog for list of selective courses)	10.0	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total	17.0	_____

IP = IN PROGRESS
 () = TRANSFER FROM
 OTHER COLLEGE
 ✓ = COMPLETED

*** INCOMPLETE PETITIONS WILL NOT BE ACCEPTED!**