



# Northwest Technical College

Bemidji, Minnesota

## Certified Nursing Assistant Waiver Form

Star ID: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

*A waiver may be granted for Traditional RN and PN nursing program students that have completed necessary CNA skills in their line of work. Each waiver will be evaluated on a case by case basis by the Director of Nursing and Chairs of the Nursing Programs.*

**Please return completed form with any additional documentation to support your waiver to:**  
Nursing@ntcmn.edu or Northwest Technical College Attn: Nursing 905 Grant Avenue SE Bemidji, MN 56601

Please check off which skills you have performed:

Activities of Daily Living

Care of Cognitively Impaired Residents

Safety/Emergency Procedures

Basic Restorative Care

Patient Care Skills (Vitals, Transfers, Feeding, Etc.)

Mental Health and Social Service Needs

Infection Control

Residents' Rights

Communication and Interpersonal Skills

Please provide details of each of these skills and your personal knowledge and experience using them:

Present this document to your employer to verify these skills as part of your employment or training and/or attach a letter from employer that verifies these duties.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor/Employer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I certify that all information stated on this waiver form is accurate and complete. Concealment of facts or false statements may result in dismissal. I give my permission for NTC officials to verify the above information.

**OFFICIAL USE ONLY**

Director of Nursing Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved | Comments:  
Denied |