

**CREDIT FOR PRIOR LEARNING**  
**CREDIT FOR**  
**CERTIFIED MEDICAL ADMINISTRATIVE ASSISTANT CERTIFICATION**

VWCC Records Office • 3094 Colonial Ave., SW • Roanoke, VA 24015-4704  
email: records@viriniawestern.edu / Fax: 540-857-6102

\_\_\_\_\_  
**Student's Name**

\_\_\_\_\_  
**Empl ID (Required)**

This student has successfully documented that he/she has obtained certification from the National Healthcareer Association (NHA) by providing a copy of the Certified Medical Administrative Assistant (CMAA) certification. This certification shall be awarded the noted credit. The appropriate documentation (copy of the certification) is attached to this request.

<b>NHA Certified Medical Administrative Assistant Certification</b>			
HIM 149 (508725)	Introduction to Medical Practice Management	2 credits	<input type="checkbox"/>

\_\_\_\_\_  
*Academic School Dean*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Registrar*

\_\_\_\_\_  
*Date*

Date Recorded: \_\_\_\_\_ Initials: \_\_\_\_\_

09/2023