

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

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

LPN License Number: \_\_\_\_\_

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

State: \_\_\_\_\_

**\*Is your license active?**    Yes    No            **\*\*Is there a discipline against your licensure?**    Yes    No

\* If “No” – Nursing Program Director must evaluate and submit approval to CNM records in writing

\*\* If “Yes” – Nursing Program Director must evaluate and submit approval to CNM records in writing

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 Licensed Practical Nurse 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.

*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:
Licensed Practical Nurse (Unrestricted)	NMNC 1135 – Principles of Nursing Practice (4 Cr) <b>Total: 4 credit hours</b>

I confirm that I 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. Further, I understand 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.

**X** \_\_\_\_\_  
 Student Signature \_\_\_\_\_  
Date

**FOR CNM OFFICE USE ONLY**

CASHIER	ENROLLMENT SERVICES
_____	_____
Processed by	Date Processed