

**SANTA BARBARA CITY COLLEGE**  
**APPLICATION FOR SKILLS COMPETENCY AWARD**

**Student Name:** \_\_\_\_\_ **SBCC ID:** **K**

**Student Name to Display on Printed Award:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Term of Completion:**    Fall                  Spring                  Summer                  Year:

**Program:**                  Acute Care                  Certified Nursing Assistant                  Home Health Aide                  Esthetician I                  Esthetician II

**Other (specify program name[s]):** \_\_\_\_\_

All coursework for the award has been completed or is in progress at SBCC:                  Yes                  No\*  
*\*Official external transcripts and petitions for waivers/substitutions must be submitted to Admissions & Records*

Mailing Address for Award\*:

*\*EMT Awards are distributed in person at the last course meeting. If needed, mailing will be processed by the Allied Health department.  
Award applications are not required for this program.*

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Type or insert signature*

Submit completed form to Admissions & Records (SS-110), email to [diplomas@sbcc.edu](mailto:diplomas@sbcc.edu), fax to 805-962-0497, or mail to:

SBCC Admissions & Records  
721 Cliff Dr  
Santa Barbara, CA 93109

For information about awards, see <http://www.sbcc.edu/diplomas>

<b>Office Use Only</b>	Audit:	Approved	Award Date	Denied
	Processed by:		Process Date:	