

Northern Essex Community College

Health Professions Program: Radiologic Technology

Articulation Agreement Credit Transcription Form

Print Student Name _____

Student ID # or SS # _____

Date _____

The student listed below has met the requirements of the Articulation Agreement entered into between Northern Essex Community College and the Radiologic Technology Program of the Health Professions Department. This articulation agreement shall apply to individuals who have successfully earned a certification in the following areas: Advanced Cardiac Life Support (ACLS), Pediatric Advanced Life Support (PALS), and/or Neonatal Resuscitation Program (NRP). Individuals may request credit at NECC upon completion of this form and submission of their credentials for the purpose of authentication by a designated member of the Radiologic Technology Program. This designated faculty member will also verify that the student has met all of the eligibility requirements listed. *In accordance with the Articulation Agreement, there is no fee for transcription of credit.*

Conditions for Articulation Credit Award		
	YES	NO
<i>NECC Admissions Requirements</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Completion of mandated basic skills assessment tests (or received a waiver)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Matriculated student in good standing</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Accepted into the program to which the articulated credits apply</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Presented original certification card</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Advanced Cardiac Life Support (ACLS) - HES 209 (1 credit)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Pediatric Advanced Life Support - HES 210 (1 credit)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Neonatal Resuscitation Program (NRP) - HES 211(1 credit)</i>	<input type="checkbox"/>	<input type="checkbox"/>
Signatures		
I certify that I have viewed the original certification listed above and authenticate that it is a true and original certificate and that the student has met all criteria required for the transcription of credit.		
Angela Bowers, M.S., R.T. (R) (CT) Program Coordinator, Radiologic Technology, Computed Tomography Chair, Medical Imaging Services	Date	
Student Signature	Date	
<i>Mary Farrell,</i> <i>Dean of Health Professions</i>	Date	
<i>Donna Bertolino, M.Ed.</i> <i>Associate Dean, Student Success & Support Services</i>	Date	
<i>Grace Young, MSW</i> <i>Dean, Academic & Career Advising, Articulation & Transfer</i>	Date	
<i>William Heineman, Ed. D.</i> <i>Vice President, Academic and Student Affairs</i>	Date	