

**Northern Essex Community College**  
**Health Professions Program: Community Health Worker (CHW)**  
**Completion of Lowell Community Health Center (LCHC) CHW Training Course**  
**Articulation Agreement Credit Transcription Form**

Print Student Name

Student ID # or SS #

Date

The student listed above has met the requirements of the Articulation Agreement entered into between Northern Essex Community College (NECC) and the Community Health Worker (CHW) Certificate Program of the Health Professions Department. This articulation agreement shall apply to individuals who have successfully completed the Community Health Worker training course offered at the Lowell Community Health Center (LCHC) in Massachusetts as of fall 2016. Individuals may request credit at NECC upon completion of this form and submission of documentation showing successful completion of the CHW training course offered at LCHC for the purpose of authentication by a designated member of the CHW Program. This designated faculty member will also verify that the student has met all of the eligibility requirements listed.

**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 proof of completion of discussion board requirements comparable to those covered in the NECC course:CHW110</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Presented proof of successful completion of the LCHC CHW training course, i.e., certificate of completion.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Successfully completed the NECC CHW110 Foundations in Community Health Outreach final exam: CHW110 (6 credits) with a grade of "C" or higher.</i>	<input type="checkbox"/>	<input type="checkbox"/>

**Signatures**

I certify that I have viewed the original documentation listed above and authenticate that it is a true and original documentation and that the student has met all criteria required for the transcription of credit.

<i>Jacqueline Dick, M.S.</i> <i>Program Coordinator, Public Health and CHW</i>	Date
<b>Student Signature</b>	Date
<i>Mary Farrell</i> <i>Dean of Health Professions</i>	Date
<i>Donna Bertolino, M.Ed.</i> <i>Associate Dean, Student Success &amp; Support Services</i>	Date
<i>Grace Young, MSW</i> <i>Dean, Academic &amp; Career Advising, Articulation &amp; Transfer</i>	Date
<i>William Heineman, Ed. D.</i> <i>Vice President, Academic and Student Affairs</i>	Date