



Northern Essex Community College

REQUEST CREDIT FOR LIFE LEARNING

HES 103 RICCS: PREPARING FOR SUCCESS IN A HEALTHCARE SETTING (1 Credit)

Print Student Name

Student ID or SS#

Date

I request that my resume (attached) be reviewed for evaluation of equivalent experiential learning in order to be approved for credit for HES103. I understand that a non-refundable \$40.00 Credential Evaluation Fee is due with this application. The Credit for Life Learning fee is \$50.00 per credit. Fees are not covered by financial aid. The granting of credit will be applied toward my Northern Essex Community College credential, but may not transfer to another institution. I also understand that in addition to submitting my resume, the evaluator may request that I provide a short written narrative of my experience and/or request a personal interview for the purpose of making an informed decision regarding approval or denial of this application.

Conditions for Articulation Credit Award		
	YES	NO
<i>NECC Matriculated student in good standing</i>		
<i>Completion of mandated basic skills assessment tests (or received a waiver)</i>		
<i>Accepted into the program to which the articulated credits apply</i>		
<i>Resume demonstrates proficiency in the following skills sets:</i>		
<i>Interview Skills</i>		
<i>Communication Skills</i>		
<i>Customer Service Skills</i>		
<i>Problem Solving Skills</i>		
Optional: <i>Evaluator requested candidate to provide short narrative</i>		
Optional: <i>Evaluator requested interview of candidate</i>		
Signatures		
I certify that I have evaluated the resume for this candidate and determined that s/he has the equivalent skills to those taught in the course, thereby meeting all criteria required for the transcription of credit.		
<i>Kathy Welch Hudson</i> <i>Department Chair, Healthcare Technology & Ambulatory Services</i>	Date	
Student Signature	Date	
<i>Scott Lancaster,</i> <i>Assistant Dean, Health Professions</i>	Date	
<i>Mary Farrell,</i> <i>Dean of Health Professions</i>	Date	
Date Payment Submitted:	Date Credit Posted:	
Date Request Payment to Faculty Evaluator:		