

Northern Essex Community College

REQUEST CREDIT FOR LIFE LEARNING

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

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
NECC Matriculated student in good standing			
Completion of mandated basic skills assessment tests (or received a waiver)			
Accepted into the program to which the articulated credits apply			
Resume demonstrates proficiency in the following skills sets:			
Interview Skills			
Communication Skills			
Customer Service Skills			
Problem Solving Skills			
Optional: Evaluator requested candidate to provide short narrative			
Optional: Evaluator requested interview of candidate			
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.			
Kathy Welch Hudson	Date		
Department Chair, Healthcare Technology & Ambulatory Services	υ.	acc	
Department enan, realization recliniology & runbalatory services			
Student Signature	D:	ate	
David Weber,			
Program Coordinator	Date		
1 rogram coordinator			
Kathy Welch Hudson,			
Interim Dean of Health Professions	Date		
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Date Payment Submitted:	Date Credit Pos	ted.	
Date Request Payment to Faculty Evaluator:	Date Clean Pos	icu.	