Articulation Agreement Between
Tolles Career and Technical Center Pre-Nursing Program
and
Central Ohio Technical College
2013-2015

Articulation credit to postsecondary programs for relevant high school courses (1) eliminates unnecessary duplication of learning and (2) saves students time and tuition in the pursuit of higher education. Recognizing the need for such agreements, Central Ohio Technical College (COTC) agrees to grant articulation credit to students completing Tolles Career and Technical Center Pre-Nursing Program courses, as follows:

1. The student must be graduated from high school and must have completed the specified course(s) with a grade of A or B or C.

2. The course instructor(s) must review and complete the articulation form (see attached copy) and send it to COTC.

3. The articulated courses will be transcripted at COTC once the student registers for COTC coursework.

There will be no charge for college credit awarded through this agreement, although COTC may charge a small fee for the administration of the student’s record. For the purposes of compliance with state and regional accreditation standards, COTC reserves the right to review the credentials—including, but not limited to, college transcripts and resumes—of the instructors of articulated courses.

The administrators and faculty of the program at both levels pledge their commitment and support to continuing this relationship and to promoting these articulation opportunities to the students.

Tolles Career and Technical Center

Central Ohio Technical College

12/4/2013
ARTICULATION AGREEMENT BETWEEN
TOLLES CAREER AND TECHNICAL CENTER PRE-NURSING PROGRAM
AND
CENTRAL OHIO TECHNICAL COLLEGE
2013-2015

Instructions to Apply for College Credit

The articulation agreement between the Tolles Career and Technical Center Pre-Nursing Program and Central Ohio Technical College enables high school graduates to receive college credit at COTC for selected courses upon evidence of competency in technology courses that are deemed equivalent to those in the attached list.

Instructions to the Student:

You must have an A, B, or C in the course to earn the college credit.

If you think that the courses in question might qualify for articulation credit, fill out the first part of the attached form. Take the form to your technology teacher(s), who will review the courses and, if applicable, estimate that the courses meet the criteria for the corresponding college courses listed in this agreement. The teacher(s) will make a recommendation for your receiving articulation credit by completing the form, attaching an official transcript, and sending these materials to COTC. Staff persons at COTC will review the materials and, if appropriate, grant recommended credit.

Instructions to the High School Teacher:

Please read the attached form carefully before filling it out. Students must (1) have covered competencies listed for the COTC course(s) in question and (2) have mastered these competencies in their technology courses at an A, B, or C level. Verify that each goal has been met at the appropriate level by initialing, signing, and dating the form. Please attach the student’s official transcript.

Your signature certifies that, in your estimation, the high school courses meet all articulation criteria for the indicated COTC courses and that the student has, to your knowledge, completed successfully those courses eligible for articulation. Mail the competed form to: Records and Registration, Central Ohio Technical College, 1179 University Drive, Newark, OH 43055.
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RECOMMENDATION FORM FOR COLLEGE CREDIT

To be completed by the student:

Student Name: ____________________________________________

Address: __________________________________________________________

Street City State Zip

Home Phone (____) ____________ Work Phone: (____) ____________

Expected High School Graduation Date: ____________________________

Month Year

I agree to permit my high school teacher(s) to provide COTC with the information on this form
and understand that articulated credit might apply only to a degree or certificate at COTC and
might not be transferrable to another college or university.

Student Signature: ____________________________ Date: __________

To be completed by the high school teacher(s):

Teacher Name(s): _____________________________________________

High School Name: ____________________________________________

School Address: ________________________________________________

Street City State Zip

School Phone Number: (____) ____________________________

As indicated by my initials next to the attached course description(s), I consider that my former
student has achieved the indicated knowledge and skills at a level of “A”, “B”, or “C”.

Teacher Signature(s): ____________________________ Date: __________

Supervisor Signature: ____________________________ Date: __________

Recommendation for credit for: ____________________________________________

(student name)
<table>
<thead>
<tr>
<th>Letter Grade</th>
<th>Teacher’s Initials</th>
<th>COTC Course Available for credit</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td><strong>EMS-100 Basic Life Support (CPR) for the Healthcare Provider</strong> (0.5 credit)</td>
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|             |                   | This course will provide instruction and practice in adult, child and infant CPR, and use of an AED for healthcare providers. This is a one-day (8 total contact hours) course.  
**Note: An American Heart Association CPR for Healthcare Provider card will qualify the holder for credit for EMS 100.** |
|             |                   | **EMS-105 First Aid** (2 credits) |
|             |                   | The student will study the emergency techniques utilized by persons rendering first aid prior to the arrival of emergency medical services providers. Training also includes American Heart Association BLS for Healthcare Providers (2010 standards) and the use of an Automated External Defibrillator (2010 standards). Course includes 40 hours of instruction. |