



Award of Experiential Credit

This form is for the assessment of licenses/certificates/certifications that are awarded as a result of non-collegiate training; specifically, training that is **not** accredited by a CHEA/USDE approved accrediting agency.

Process:

1. Please carefully complete the following form.
2. When completed, secure the signature(s) of both the impacted Program Director(s) and Department Chair(s). The impacted PD/DCs are those that are responsible for the content area of the courses that you have identified as being eligible for the award of experiential credit for this licensure or certification.
3. Please submit this form to the Transfer Coordinator. The Transfer Coordinator will submit documentation to Academic Affairs for final signatures.

1. Name of the Certification License Certificate: _____

2. Identify the agency or institution that issued it: _____

3. Does the Certification or License need to be current? Yes No

a. If 'No', indicate the number of years that may have passed since last renewal:

4. Identify the institution through which the training was offered: _____

a. How long has the institution been in business? _____

b. What qualifications do the faculty need in order to teach at this institution? (i.e., certification, Associate's degree, a certain number of years of work in the field, etc.)

5. Total number of hours required for completion of training_____
6. Outline the material covered in the training, and please address the following questions specifically.
- a. Is the material covered divided into “courses”? If **‘Yes,’** please answer the following questions (i-v). If **‘No,’** please see **6b**.
- i. List each course and its associated outcomes.
- [Click here to enter text.](#)
- ii. List the course description for each course?
- [Click here to enter text.](#)
- iii. Do any of the courses require lab or field work? If so, please describe the type of work, the topics covered, and the number of hours required for completion.
- [Click here to enter text.](#)
- iv. For each required course indicate how long that the course has been taught? (ie four years)
- [Click here to enter text.](#)
- v. If syllabi are available for the courses, please provide copies.
- b. If the material covered is **not** divided into “courses,” please answer the following questions (i-v):
- i. What are the learning outcomes of the material covered?
- [Click here to enter text.](#)
- ii. Is there a summary/description of the material covered?
- [Click here to enter text.](#)
- iii. Is there any required lab or field work? If so, please describe the type of work, the topics covered, and the number of hours required for completion.
- [Click here to enter text.](#)

iv. How long has the material been taught? (ie four years)

[Click here to enter text.](#)

v. If a program outline or syllabus is available, please provide a copy.

7. How are the students assessed at the end of the training in order to determine the skills and knowledge acquired? Are there exams, portfolios, a culminating project, etc.? Additionally, please provide documentation regarding assessment tools (i.e. copies of exam). If unable to secure copies of the exam or requirements for portfolio, culminating project, etc., please describe the assessment tools used in as much detail as possible. For example, if a final exam is administered, please indicate the number of questions on the exam, the type of questions (multiple choice, critical thinking, problem solving, essays, etc.), the material covered, etc.

[Click here to enter text.](#)

For Equivalencies to Goodwin College Courses

1. Complete the following table.
2. Identify the Course Code and Course Title for EACH course whose outcomes are met by the identified certification or license.

- a. Direct equivalencies – course codes and titles that are in the Goodwin College catalog
- b. Elective equivalencies – courses that are collegiate level and fit in a content area but for which there is no existing Goodwin course equivalent (for example, ENG 188 English Lower Level Elective). For elective equivalencies, indicate the number of credits assigned to each course.

Goodwin Course Code	Goodwin Course Title	Number of Credits

Equivalencies were reviewed and recommended by:

Name: _____ Title: _____

Signature: _____ Date: _____

Program Director/Department Chair Approval:

Program Director Signature: _____ Date: _____

Department Chair Signature: _____ Date: _____

If additional PD/DC signatures are warranted (see process box above)

Program Director Signature: _____ Date: _____

Department Chair Signature: _____ Date: _____

Chair of Tier I Academic Affairs Governance Committee

AAC Chair Signature: _____ Date: _____

Transfer Coordinator Approval:

Transfer Coordinator Signature: _____ Date: _____