

ALTERNATIVE AWARD FOR CREDIT REQUEST FORM

To request Alternative Award of Credit based on licensure or certification, follow the directions below:

1. Complete this form and include the following documentation:
 - a. Attach a copy of the appropriate Alternative Award of Credit Agreement
 - b. Attach a copy of the current designated License or Certificate
 - c. Attach a copy of the Alternative Learning Application for each course with fees.
2. Send ALL required documentation to the Health Information Technology (HIT) Program Director for verification and approval.
3. The Business Division Chair and/or the HIT Program Director will review the documentation and verify that you have met the required criteria for the credit to be awarded per the Agreement.
4. Once the Alternative award of Credit has been approved, both the Business Division Chair and HIT Program Director will sign the Alternative Credit Award Form and Award of Credit Agreement Form, attach the required documentation and forward it to the Records Office to be processed.

Student Name: _____ CC ID# _____
 Major: _____ Catalog Year: _____
 CC Email: _____ Daytime Phone: _____

Please check the appropriate Award of Credit Agreement you are eligible for:

AAS Degree Program	Certification	State Code	Cr
Health Information Technology AAS	<input type="checkbox"/> Certified Coding Associate (CCA)	Local	14
	<input type="checkbox"/> Certified Coding Specialist (CCS)	Local	14
	<input type="checkbox"/> Certified Professional Coder (CPC)	Local	14

Identify the documentation you are attaching to verify you have met the criteria for alternative credit:

- Copy of _____ License
- Copy of _____ Certificate/Certification

 Student Signature _____
 Date

Approval

Please award _____ credits to the student for the _____ licensure/certification.
 The student has provided the required documentation and completed the necessary course work as specified in the Award of Credit Agreement. Please list the state code if applicable: _____.

 Health Information Technology Program Director _____
 Date

 Business Division Chair _____
 Date