COURSE EQUIVALENCY – STATEWIDE AGREEMENT
PRIOR LEARNING FORM

PALM BEACH STATE COLLEGE

STATEWIDE CAREER PATHWAY ARTICULATION AGREEMENT
FIREFIGHTER CAREER CERTIFICATE PROGRAM (CCP) TO FIRE SCIENCE TECHNOLOGY A.S. DEGREE

Eligibility: Student requesting Prior Learning credit for coursework or industry certification or other experience earned or awarded prior to or outside of enrollment at Palm Beach State College must be admitted to the receiving program and earn at least 25% of the program credit/clock hours before the PL credits are applied to the student's transcript. Exception: Students seeking internal course credit that does not transfer to other Florida institutions. (ex. CJK1933).

Section 1 – To be completed by Student

Date : _____
Student ID#: _____ Student Name: _____
Program Objective: _____
Program Name: _____
Catalog Year: _____ *In some cases, the catalog year listed on this form may need to be changed to make the prior learning credit fit the best for degree audit purposes.*

To be awarded the college credit guaranteed by this agreement, the student must present an original career certificate of completion or an official transcript that delineates program completion. Students must enroll in the A.S. Fire Science Technology A.S. degree (CIP: 1743020112) at Palm Beach State College within three years of completion of the Firefighter Career Certificate program (CIP: 0743020304) to redeem the college credit. Students who enroll after three years may be eligible for the awarding of credits on a course-by-course basis at the discretion of the institution.

Career Certificate Program (CCP)			**Equates with Associate of Science Program Course(s)**		
Name of Program	Program CIP	Date of Issue	Course No.	Title	Credits
Firefighter Career Certificate Program (CCP)	0743020304		**FFP1702**	**Principles of Emergency Management (A.S.)**	3

Section 2 – Cashier's Office

Students requesting Prior Learning credit for industry certifications earned prior to enrollment at Palm Beach State College must pay a **$50** processing fee.

Student has paid $ _____ per established fee schedule. Date: _____
(Student - Attach copy of fee receipt)

Cashier-Misc. Receipt Code EL - Experiential Learning Fee

Section 3 – Signature Approval

_____ _____
Department Chair/Program Manager Date

_____ _____
Academic Associate Dean Date

_____ _____
Academic Dean Date

Section 4 – Registrar Posting to Transcript

Posted by: _____

Date Posted: _____ Term Posted: _____