

Record of Previous Education and Training

Texas Workforce Commission – Career Schools and Colleges

School Name: The Institute of Allied Healthcare

Authority for Data Collection: *Texas Education Code, §132.055 and Texas Administrative Code, §807.191(c)*

Planned Use of the Data: This form must be used by the school in its entirety to provide a record by which previous education and training may be evaluated and credit given to the student and to provide a record of such credit and reduction of program length/cost as required by the law.

Instructions: Complete each item on front and back. If an item is not applicable, write “NA.” If credit is being claimed for post-secondary education, a transcript must be provided. Credit for experience should also be granted, if justified by the school’s evaluation of the student’s skills. Attach additional pages as needed. The completed form is to be maintained in each student’s file. A copy of the completed form will be given to the student. Credit for previous education and training cannot be granted until this form is completed and signed by the school official and the student. If clarification is required, contact Career Schools and Colleges.

Student Information

Name:	Social Security Number:	Date of Birth (mm/dd/yy):
Name of Program:		
Secondary Education (select one): <input type="checkbox"/> High School Diploma <input type="checkbox"/> Home Schooled <input type="checkbox"/> GED		

Post-secondary Education

Type of School	Name and Location of School	Dates Attended				Graduated		Type of Diploma/ Degree	Major Field of Study
		From MO	YR	To MO	YR	YES	NO		
College or University						<input type="checkbox"/>	<input type="checkbox"/>		
						<input type="checkbox"/>	<input type="checkbox"/>		
Technical or Vocational						<input type="checkbox"/>	<input type="checkbox"/>		
						<input type="checkbox"/>	<input type="checkbox"/>		
Other						<input type="checkbox"/>	<input type="checkbox"/>		
						<input type="checkbox"/>	<input type="checkbox"/>		

Military Education

Occupational Specialty and Program of Study	Experience Education OR Training	Program Hours	Credited Hours	Proof Provided

Previous Training

Identify previous experience and skills that relate to the program curriculum for which you desire credit.

Student Certification

I certify that all the above information is true and complete.

(Printed Name of Student)

(Signature of Student)

Date (mm/dd/yy)

FOR SCHOOL USE ONLY	Entrance Test: _____ <div style="text-align: right; margin-right: 50px;">(Score)</div> _____ <div style="text-align: right; margin-right: 50px;">(Name and Version)</div>
----------------------------	---

School Evaluation of Previous Education and Training

Instructions: List below the subjects of this program for which credit is given, the hours of credit granted, and the justification for which the credit is granted such as skills tests, years' experience, and transcript information.

Subject	Course Time * Hours of Credit	Justification of Credit

Credit / Price Adjustments

			<u>Tuition</u>	<u>Other</u>	<u>Total</u>
Original Program Length: _____ Hrs*	Original Cost	\$ _____	\$ _____	\$ _____	\$ _____
Less Credit Granted _____ Hrs*	Less Credit Granted	(\$ _____)	(\$ _____)	(\$ _____)	(\$ _____)
Adjusted Program Length _____ Hrs*	Adjusted Cost	\$ _____	\$ _____	\$ _____	\$ _____

*Course Time

- I certify that all information provided by the student has been evaluated and that the student will not receive credit.
- I certify that all information provided by the student has been evaluated and that the student has been given credit for which he/she is entitled as identified herein.

(Printed Name)

(Signature of Authorized School Official)

Date
(mm/dd/yy)

Student Acknowledgment

Do not sign below unless the information above is complete and signed by the school official.

I have discussed the above evaluation of my previous education and training with the authorized school official and acknowledge that:

- I will** receive the above stated credit, or
- I will not** receive credit.

(Printed Name of Student)

(Signature of Student)

Date
(mm/dd/yy)

* **Course Time** (actual hours): the total hours of time experienced by the student in the course for all types of course time, including classroom, lab and externship hours. An hour of course time is equivalent to a 50-minute to 60-minute lecture, recitation, class (including a laboratory class or shop training) or internship, within a 60-minute period, or 60 minutes of preparation in asynchronous distance education. Intensity of course time hours varies by school and program, but typically, 100 course time hours is equivalent to about a month of full time school.

Individuals may receive and review information that TWC collects about the individual by emailing to open.records@twc.state.tx.us or writing to TWC Open Records, 101 E. 15th St., Rm. 266, Austin, TX 78778-0001.