

# NORTHEAST METRO PERKINS IV CONSORTIUM

## 2017-2018 and 2018-2019

CENTURY COLLEGE  
COLLEGE CREDIT ARTICULATION AGREEMENT

With

NE METRO CTC

(high school)



**CAREER FIELD** HUMAN SERVICES

**CENTURY COLLEGE COURSE AND COURSE NUMBER** EMS 1020 Emergency Medical Technician

This completed agreement (front and back) documents faculty confidence that the high school course provides a minimum 80% match to the college course. Articulated college credit introduces the high school student to the rigor of a college course within the comfort of their high school environment.

**Discuss and Verify Agreement on Course Components** (check *EACH* topic after agreement has been reached):

- Course Content (min. 80% covered)
- Course Rigor Satisfactory
- Learning Outcomes Match
- Equipment Comparable
- Syllabus Included
- Textbooks Equivalent
- Assessments Included
- Technical Skills Assessment Discussed
- Certifications Confirmed

The first row below the titles is an example. You must complete the information in each cell as shown in the example.

**\*\*If more than one high school class is required to be equivalent to one college course, both high school classes must be listed with the word "AND" in between.**

High School	High School Course Title	College Program Articulation	Century College Course Number	Century College Course Title	College Credits Earned
Chisago Lakes	Fashion Merchandising	Marketing	MKTG 1040	Fashion Concepts	3
NE METRO CTC	Emergency Medical Technician	EMS	1020	Emergency Medical Technician	9

*Agreement Validation/Signatures and comments on Reverse*

\*\*\*Be sure to record any deviations from standard articulated credit process.

Other Notes/Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



# NORTHEAST METRO PERKINS IV CONSORTIUM COLLEGE CREDIT ARTICULATION AGREEMENT VALIDATION

The high school officials and college officials agree that students who successfully complete the secondary course(s) indicated in this agreement by earning a grade of A or B will have attained the necessary academic and technical level to receive Articulated College Credit for this course. In order to receive college credit awarded as transfer credit for the course(s) taken through Northeast Metro Career and Technical Center and/or Northeast Metro Perkins IV Consortium students must:

1. Enroll in courses at Century College within three years of completing the high school course(s).
2. Submit a high school transcript to Century College that shows graduation in good standing.
3. Present an Articulation Certificate of Credit to the Century College Transfer Student Services Office. Transfer credit will be awarded upon verification of enrollment at Century and provided that the above criteria have been met. A Century College transcript will be developed only for those students who enroll in and successfully complete a course at Century College.

This signed articulation agreement is valid for two academic years.  
High school instructors and college faculty are required to review agreements every year.

Signatures below validate and support this Technical Preparation College Credit Articulation Agreement:

*Chris Cook*      2/24/17  
(Century College Instructor)      Date

*CR*      2-24-17  
(High School Instructor)      Date

*Beth Hein*      10.13.17  
(Century College Administrator)      Date

*Mary Klein*      2-24-17  
(Northeast Metro Perkins IV Coordinator)      Date

## HIGH SCHOOL CONTACT INFORMATION (must be completed by high school instructor)

<p><b>Instructor 1</b></p> <p>School <u>NE Metro CTC</u></p> <p>Instructor Name <u>Chuck Rud</u></p> <p>Instructor Phone Number <u>(51-415-5527</u></p> <p>Instructor Email <u>crud@916schools.org</u></p>	<p><b>Instructor 2</b></p> <p>School _____</p> <p>Instructor Name _____</p> <p>Instructor Phone Number _____</p> <p>Instructor Email _____</p>
<p><b>Instructor 3</b></p> <p>School _____</p> <p>Instructor Name _____</p> <p>Instructor Phone Number _____</p> <p>Instructor Email _____</p>	<p><b>Instructor 4</b></p> <p>School _____</p> <p>Instructor Name _____</p> <p>Instructor Phone Number _____</p> <p>Instructor Email _____</p>

**Please return form to:**  
**Northeast Metro Career & Technical Center**  
**Shelli Sowles**  
**3300 Century Avenue, North**  
**White Bear Lake, MN 55110**  
**shelli.sowles@nemetro.k12.mn.us**

# NORTHEAST METRO PERKINS IV CONSORTIUM

## 2017-2018 and 2018-2019

CENTURY COLLEGE  
COLLEGE CREDIT ARTICULATION AGREEMENT

With

**SPRING LAKE PARK HIGH SCHOOL**

(high school)

**CAREER FIELD** HUMAN SERVICES

**CENTURY COLLEGE COURSE AND COURSE NUMBER** EMS 1020 Emergency Medical Technician

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Spring Lake Park High School	Emergency Medical Technician	EMS	1020	Emergency Medical Technician	9

Agreement Validation/Signatures and comments on Reverse

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Other Notes/Comments: \_\_\_\_\_  
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# NORTHEAST METRO PERKINS IV CONSORTIUM COLLEGE CREDIT ARTICULATION AGREEMENT VALIDATION

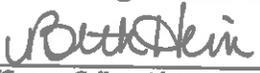
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Signatures below validate and support this Technical Preparation College Credit Articulation Agreement:

 _____ (Century College Instructor)	3/28/17 _____ Date	 _____ (Century College Administrator)	2.6.18 _____ Date
 _____ (High School Instructor)	2.23.2017 _____ Date	_____ (Northeast Metro Perkins IV Coordinator)	_____ Date

## HIGH SCHOOL CONTACT INFORMATION (must be completed by high school instructor)

<b>Instructor 1</b> School <u>Spring Lake Park H.S.</u> _____ Instructor Name <u>William Neiss</u> Instructor Phone Number <u>763-600-5147</u> Instructor Email <u>bneiss@district16.org</u>	<b>Instructor 2</b> School _____ _____ Instructor Name _____ Instructor Phone Number _____ Instructor Email _____
<b>Instructor 3</b> School _____ _____ Instructor Name _____ Instructor Phone Number _____ Instructor Email _____	<b>Instructor 4</b> School _____ _____ Instructor Name _____ Instructor Phone Number _____ Instructor Email _____

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 shelli.sowles@nemetro.k12.mn.us

# NORTHEAST METRO PERKINS IV CONSORTIUM

## 2015-2016 and 2016-2017

CENTURY COLLEGE  
COLLEGE CREDIT ARTICULATION AGREEMENT

Spring Lake Park High School  
(high school)

CAREER FIELD Human Services

CENTURY COLLEGE COURSE AND COURSE NUMBER EMSB 1020 Emergency Medical Technician

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- Assessments Included     Technical Skills Assessment Discussed     Certifications Confirmed

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Spring Lake Park High School	Emergency Medical Technician I:II	EMSB	1020	Emergency medical technician	9

Agreement Validation/Signatures and comments on Reverse

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Other Notes/Comments: \_\_\_\_\_  
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Signatures below validate and support this Technical Preparation College Credit Articulation Agreement:

<p><u><i>[Signature]</i></u>      <u>2/25/15</u>  <small>(Century College Instructor)</small>      <small>Date</small></p>	<p><u><i>[Signature]</i></u>      <u>3-9-15</u>  <small>(Century College Administrator)</small>      <small>Date</small></p>
<p><u><i>[Signature]</i></u>      <u>2.25.15</u>  <small>(High School Instructor)</small>      <small>Date</small></p>	<p><u><i>[Signature]</i></u>      <u>12-3-15</u>  <small>(Northeast Metro Perkins IV Coordinator)</small>      <small>Date</small></p>

## HIGH SCHOOL CONTACT INFORMATION (must be completed by high school instructor)

<p><b>Instructor 1</b></p> <p>School <u>Spring Lake Park H.S.</u></p> <p>Instructor Name <u>William Neiss</u></p> <p>Instructor Phone Number <u>763-600-5147</u></p> <p>Instructor Email <u>wneiss@district16.org</u></p>	<p><b>Instructor 2</b></p> <p>School <u>Spring Lake Park H.S.</u></p> <p>Instructor Name <u>Kathy Bango-Albrecht</u></p> <p>Instructor Phone Number <u>651-773-5360</u></p> <p>Instructor Email <u>swimjoks2@comcast.net</u></p>
<p><b>Instructor 3</b></p> <p>School _____</p> <p>Instructor Name _____</p> <p>Instructor Phone Number _____</p> <p>Instructor Email _____</p>	<p><b>Instructor 4</b></p> <p>School _____</p> <p>Instructor Name _____</p> <p>Instructor Phone Number _____</p> <p>Instructor Email _____</p>

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