

**Student Request for Student Request for Credit for Prior Learning
Public Safety Division**

Note: Submit the completed form to the Continuing Education Director/Program Coordinator evaluation of Continuing Education Courses for Curriculum Credit.

Name: _____ Phone: _____ First
Middle Last

Student ID Number: _____ Date: _____

- I have attached my NC OEMS Education Transcript and/or certificate(s).
- I have attached my NCOSFM Education Transcript and/or certificate(s).
- I have attached my NC DOJ/NCJA Education Transcript and/or certificate(s).

Note: Continuing education units for curriculum credit evaluation will be reviewed for advanced standing credit.

Please Check All That Apply:

Continuing Education Course for Evaluation
****All Courses must be current and non-expired***

Curriculum Course Equivalent

- | | |
|--|---|
| ___ CJC 3941* Detention Officer Certification | ___ CJC 141 & HEA 112 Corrections/1st Aid/CPR |
| ___ NIMS 100, 200, 700, & 800 | ___ FIP 236 & EPT 140 Emergency Mgt |
| ___ Firefighter Level 1 Certified or Certified Firefighter | ___ FIP 120 Intro to Fire Protection |
| ___ Firefighter Level 1 Certified or Certified Firefighter | ___ FIP 128 Detection-Investigation |
| ___ EMS 3044/EMS 4200* (EMT-B) | ___ EPT 210 Response & Recovery
&
EPT 275 Emergency Ops Center Mgt. |
| ___ FIP 3325 HazMat Aware Level 1 & 2 | ___ FIP 176 HazMat: Operations |
| ___ FIP 3351 HazMat Level 1 Responder | ___ FIP 176 HazMat: Operations |
| ___ Executive Fire Officer (NFA Class) | ___ FIP 228 Local Gov't Finance |
| ___ EPT 4300/EPT 4400 NIMS 300 & 400 | ___ EPT275 Emergency Ops Center Mgt. |
| ___ EMS 3091 Emergency Medical Dispatch Certified
(Non-Expired) or NCDCL Certified | ___ EPT 275 Emergency Ops Center Mgt. |
| ___ FIP 3712 Fire Officer I & II | ___ FIP 276 Managing Fire Services |
| ___ COD 3120 Fire Inspections Level I/Law & Administration
or
NFA Law & Administration | ___ FIP 124 EM Services Law & Ethics |



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www.waynecc.edu

Emergency Mgmt. Program Coord. Signature: _____ Date: _____

Department Chair/Dean Signature: _____ Date: _____

Retain a copy and forward form and original transcript/certificates to Emergency Management Coordinator/Instructor/Dean of Public Safety.

Send approved request and original transcript/certificates to Curriculum Registrar.

FOR ADMISSION & RECORDS USE ONLY:

Form Received – Date _____

Date CU credits awarded _____ Total CU Credits awarded _____