

WISCONSIN INDIANHEAD TECHNICAL COLLEGE
ALLIED HEALTH
STUDENT HANDBOOK

TRANSFER CREDIT

Coursework taken to fulfill the program requirements outside of the WITC's Allied Health programs must meet all criteria of the program curriculum in terms of degree credit level, equivalent credit hours, and equivalent course competencies.

At least 25 percent of technical studies credits in an associate degree program, 25 percent of occupational-specific credits in a technical diploma program or 25 percent of technical certificate credits must be earned at WITC to be eligible for graduation from the College. This would include the following:

Program	Minimum # of core program credits eligible to transfer	Core course not eligible to transfer
Dental Assistant	8 (508-xxx)	508-310 Dental Radiography-Advanced 508-311 Dental Assistant Clinical-Advanced
Health Information Technology	10 (530-xxx)	530-165 Intermediate Coding 530-196 Professional Practice
Medical Assistant	5 (509-xxx)	509-305 Medical Assistant Laboratory Procedures 2 509-306 Medical Assistant Clinical Procedures 2 509-310 Medical Assistant Practicum
Medical Coding Specialist	10 (530-xxx)	530-165 Intermediate Coding 530-196 Professional Practice
Occupational Therapy Assistant	18 (514-xxx)	514-184 OTA Fieldwork I 514-186 OTA Fieldwork IIA 514-187 OTA Fieldwork IIB
Pharmacy Technician	10 (536-xxx)	536-309 Pharmacy Community Clinical 536-310 Pharmacy Hospital Clinical

Courses taken within the Wisconsin Technical College System (WTCS) with a grade of "C" (2.0) or higher, are acceptable. An official transcript along with a Credit for Prior Learning (CFPL) form must be submitted to the following person at your campus:

Students wishing to transfer credits from other accredited academic institutions must meet the requirements and follow the procedure outlined in the WITC Student Handbook, under Credit for Prior Learning. <http://www.witc.edu/publications/handbook.htm> Contact your academic advisor for assistance in requesting Credit for Prior Learning.

If you completed core coursework at a non-WTCS college the following procedure is used: The Program Director conducts the official review of occupational therapy coursework for transfer credit. In addition to the official transcripts, students must submit course syllabi, course assignments, and related course materials so that a careful and complete assessment of previous coursework can be performed to assure the program accreditation standards, competencies, and requirements of the program courses are met.

Official transcripts should be sent to the appropriate campus:

WITC – Ashland 2100 Beaser Avenue Ashland, WI 54806 Roxanne Lusua and Jen Olson	WITC-New Richmond 1019 S Knowles Ave New Richmond WI 54017 Linda Feldhege and Loni Sempf	WITC-Rice Lake 1900 College Dr Rice Lake WI 54868 LuAnne Cummings	WITC-Superior 600 N 21 st St Superior WI 54880 Lesa Armstrong
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In addition, the Transfer Recommendation form (next page) must be completed and sent directly to the appropriate Program Director listed below.

Dental Assistant	Jennifer Heutmaker-Holden, CDA MS Dental Assistant Program Director WITC-Rice Lake 1900 College Dr Rice Lake WI 54868 jennifer.holden@witc.edu
Health Information Technology and/or Medical Coding Specialist	Amanda Abrahamson, MA RHIA Health Information Technology Program Director WITC-New Richmond 1019 S Knowles Ave New Richmond WI 54017 amanda.abrahamson@witc.edu
Medical Assistant	Janel Krolikowski, CMA (AAMA), B.S. Medical Assistant Program Director WITC-Rice Lake 1900 College Dr Rice Lake WI 54868 janel.krolikowski@witc.edu
Occupational Therapy Assistant	Mari Jo Ulrich, MA OTR OTA Program Director WITC-Ashland 2100 Beaser Ave Ashland WI 54806 marijo.ulrich@witc.edu
Pharmacy Technician	Jami Wallace, CPhT Pharmacy Technician Program Director WITC-New Richmond 1019 S Knowles Ave New Richmond WI 54017 jami.wallace@witc.edu

ALLIED HEALTH STUDENT TRANSFER RECOMMENDATION FORM

The below student has requested to be accepted into an Allied Health Program at WITC with the transfer credits from your program. The form is to be filled out by the Program Director.

Name of Student _____

Program _____

College (Transferring from) _____

Total semesters student has been enrolled in your classes (include present semester if applicable). _____

FILLED OUT BY PROGRAM DIRECTOR/INSTRUCTOR: If you are unable to submit this, please communicate that to the student so they can ask another instructor.

Program Director/Instructor’s evaluation of student: Please rate student’s current performance in your program.

Circle the appropriate number—

(4) = Outstanding, (3) = Above Average, (2) = Average, (1) =Below Average/Unacceptable)

Work Habits, Safety	(4)	(3)	(2)	(1)	Motivation	(4)	(3)	(2)	(1)
Academic Performance	(4)	(3)	(2)	(1)	Initiative	(4)	(3)	(2)	(1)
Professional Presentation	(4)	(3)	(2)	(1)	Attendance	(4)	(3)	(2)	(1)
Cooperation	(4)	(3)	(2)	(1)	Integrity	(4)	(3)	(2)	(1)

Additional comments to those above: (Please complete. An Allied Health program at WITC is seeking your input on why this student stands out and should be considered for admission into program core courses at WITC. List any concerns you might have regarding this student such as academic performance and professional behaviors that have impacted the student’s performance while in your program.)

Signature of Department Chair/Instructor

Date

Print Name of Department Chair

I, _____, agree that this information can be requested from my current college, to best provide WITC with information to help in my future success.

Date: _____