

MILITARY EXPERIENCE TO COLLEGE CREDIT:
A CONCEPT MODEL FOR TRANSITIONING MILITARY MEDICS TO PARAMEDICS

by

Lisa Ferris-McCann

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Lisa Ferris-McCann

Has been approved

July 2017

APPROVED:

Sandra J Balkema, PhD

Committee Chair

George Ford, EdD

Committee Member

Michelle Spires, MS

Committee Member

Dissertation Committee

ACCEPTED:

Roberta C. Teahen, PhD, Director

Community College Leadership Program

ABSTRACT

Active military and veteran students seeking degrees, certificates, and licensure enter colleges and universities with a significant disadvantage when transferring educational credits for knowledge, skills, and abilities earned while in military service to civilian institutions. The language of the military presents challenges in interpreting the Joint Service Transcript and equating military experience for college courses with similar learning outcomes. This product dissertation presents a Concept Model for Transitioning Military Experience to College Credit. The model focuses on military medics to civilian paramedics; however, it can be adapted to many different courses of study. The model consists of six steps: (1) Segmenting Existing Curricula, (2) Assessing Transcripts, (3) Aligning Outcomes, (4) Evaluating Portfolios for Prior Learning Credit, (5) Awarding CBE Credits, and (6) Identifying Curricular Overlap and New Module Design. With the necessary dedicated support of the faculty, staff, and administration, military-to-college course crosswalks can be identified and areas of overlap and deficiencies become clear. Military students will be able to maximize their military education, training, and experience with prior experiential credit and shorten the time to degree completion, certification, licensure, and ultimately civilian employment.

Key Words: Military, college credit, paramedic training, curricular crosswalks

DEDICATION

This dissertation is dedicated to the thousands of military service members and veterans working to gain accurate college credit for their military education, training, and experience. You have dedicated your life in service to your country, gaining valuable education and experience in the process. As you transition to civilian work, I share in your frustrations for credit recognition, and I am honored to join you in that endeavor. You have my endless gratitude for your service and my unfailing loyalty to your cause.

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CHAPTER ONE: INTRODUCTION

“But, unfortunately, a lot of returning heroes with advanced skills — they don’t get hired simply because they don’t have the civilian licenses or certifications that a lot of companies require. At the same time, I hear from business leaders...who say they can’t find enough workers with the skills necessary to fill open positions...so think about it — we got all these openings and all these skilled veterans looking for work, and somehow, they’re missing each other. That doesn’t make any sense.”

President Obama, June 1, 2012

INTRODUCTION

In the years ahead, experts project that openings for jobs requiring post-secondary education, including associates’ degrees and occupational certificates, will go faster than increases in employment overall (Lockard and Wolf, 2012; Carnevale, Smith, and Strohl, 2010). According to the 2010 Georgetown University Center for Education and the Workforce study on projections of jobs and education requirements through 2018, the United States economy is expected to create 46.8 million job openings by 2019 including replacement jobs as well as new positions. Of these, almost 63% will require some level of college education. Approximately 30% of the 63% will require some college, including certificate programs and associates’ degrees, while 33% will require a bachelor’s degree or better (Georgetown, 2010). Findings of the Georgetown study indicate that the demand for college prepared workers will outpace the supply by approximately 300,000 openings per year. At the present rate, the post-secondary system will have produced 3 million fewer graduates than the labor market demands (Carnevale, Smith, and Strohl, 2010).

One area to be impacted by the imbalance in the availability of qualified college graduates and a rapidly rising demand for an educated workforce is healthcare. Employment levels in healthcare are projected to rise from 16.4 million workers in 2008 to 20.6 million workers in 2018, including 2.8 million job openings (Carnevale, Smith, and Strohl, 2010). Registered nurses and health technologists including emergency medical technicians and paramedic occupations are expected to grow by more than half a million jobs by 2018 (Lacey, 2009). Paralleling this growth is an increase in the demand for a college-prepared workforce including certificates, associate's, bachelor's, and master's degree levels (McKinsey Global Institute, 2009).

One recent study, based on survey data by Kleiner and Krueger (2013), found that nearly 30% of workers were licensed by some level of government in 2008. The Bureau of Labor Statistics (2015) determined that more than three-fourths of workers in the healthcare practitioner and technical occupations held licenses or certificates. This was considerably higher when compared with fewer than 1 out of 10 building and grounds cleaning and maintenance occupations. A companion statistic to the licensing and credentialing is the evidence that the likelihood of holding a certification or license increased with educational attainment for the percentage of employed people 25 years and older. For example, in 2015, 8.4% of workers with less than a high school diploma held one of these credentials, compared with 51.9% of workers with advanced degrees (BLS, 2015). The occupations in which workers had the highest likelihood of having a certification or license were healthcare practitioners and technical occupations (76.9%), followed closely by legal occupations (68.1%), and education, training, and

library occupations (55.5%). In most fields, licenses were the predominant credential over certifications (BLS, 2015).

The unemployment rate for individuals holding a certification or licensure was lower than individuals without a credential (2.7% versus 6.1% respectively). An important factor in explaining the differences in earnings and unemployment rates by certification or licensing status is the level of education obtained by the worker. Comparisons of workers with the same level of education by the Bureau of Labor Statistics showed smaller differences in median earnings between those with and without credentials when compared to the population of workers overall (BLS, 2015). Government workers—which include many workers in education and health services—were more likely to hold a certification or license (40.6%) than private industry workers (22.6%) (BLS, 2015).

Service members bring education, training, and experience to the civilian workforce. The U.S. Army identifies 190 career pathways for enlisted personnel. Each pathway involves schoolhouse education, practical application, and on-the-job training. For example, an Army medic, identified as a 68W, attends 16–20 weeks of schoolhouse training at the Army Medical Department Center and School (AMEDDC&S) at Fort Sam Houston, Texas after completing basic training. Upon completion of the 68W Army medic course, the soldier is required to complete the National Registry of Emergency Medical Technician (NREMT) certification exam. The NREMT exam is recognized as the industry standard for licensure by each state; however, each state issues its own license to practice. Individual states may also require additional training beyond the National Standard Curriculum (NSC) prior to issuance of an EMS license. Soldiers are not licensed in a given state, but are NREMT-compliant and eligible for state licensure (USA, 2016).

Individual states vary regarding licensing requirements (NAEMSO, 2015). Several states accept the NREMT exam as the only necessary component for licensure; however, many states require additional education modules in order to qualify for state licensure. The National Association of EMS State Officials has strongly recommended standardizing requirements for licensure to one national standard to assist military personnel in obtaining civilian licensure:

Although many states use NREMT certification as the basis for licensing, not all do, and even among those that do there are a wide variety of additional conditions imposed. State residency, affiliation with a specific emergency medical service and the prerequisite that training be completed within the state are among these additional requirements. Development of standardized requirements for licensure that are applicable to all states, especially in regards to education and training content and location, would remove a significant impediment to the transition process. (Stepanovsky, et al. 2016, p. 14)

This lack of uniformity creates a barrier in the recognition of military training, education, and experience.

Once the soldier completes schoolhouse education, they are assigned to their primary Military Occupational Specialty or MOS. It is at this point that the soldiers continue to receive on-the-job education and training in patient assessment, developing and executing patient care plans, and utilizing various communication venues to report on patient conditions and treatment under the guide of a senior medic (TRADOC, 2016). This is very similar to the on-the-job training that a new civilian EMT or paramedic would have as they experience patient encounters, prepare and execute treatment plans, and provide clinician-to-clinician dialogue with other healthcare providers with the guidance of a senior EMT or paramedic. The Navy Corpsmen have a similar educational blueprint. Navy corpsmen complete a similar schoolhouse training at Fort Sam Houston referred to as Basic Medical Technician Corpsman Program

(BMTCP). While much of the training a corpsman receives is the same as that of their Army counterparts, corpsman also attend additional schools for Navy-specific corpsmen training. After completion of the schoolhouse component, new corpsmen begin on-the-job training with a senior corpsman (TCCD, 2016). While the progression from schoolhouse to on-the-job training is essentially the same for civilian and military personnel, recognition of military experience by higher education institutions remains elusive (NAEMSO, 2015).

The United States has the most highly trained military in the world. The Nation supports having the most effective military through its allocation of billions of tax dollars to train and equip our service members. While current training costs are not published, some conclusions can be drawn from earlier published information. The 1982 Cost-effectiveness of Military Training study indicates that about 20% of all military personnel are in school at all times. These include both the student population and the instructors. Initial training of new recruits accounts for about 76% of the total student population. The 1983 Fiscal Year cost of individual training at military schools was estimated at \$12.8 billion (Orlansky, et al., 1982). Rising costs and an increase in the reliance on technology have translated to an increase in the military budget to a current projection of \$601 billion for training, force readiness, and equipment (NDAA, 2017). The current National Defense Authorization Act (NDAA) does not separate out the line item amount for education and training. The cost of these areas are included in military training and equipment costs and represent over 55% of the total NDAA budget.

Service members who transition from active service to their veteran status have continually faced an uphill battle when securing college credit for military training and experience. A 2012 Department of Veterans study 2012 revealed 773,000 veterans are using

the GI bill to attend college; however, less than one-fourth have applied for experiential credit for military training, education, and experience. Reasons cited for this include (1) descriptions of military courses that do not easily align with civilian academic courses, creating challenges for institutions to apply one framework to the other; and (2) no standardized national higher education guidelines regarding the application of transfer credits, resulting in wide variance from one university or college to another of what courses and credits the schools will accept.

Even with these challenges, our veterans have many skills that can be utilized once they transition to civilian life, especially in the fastest growing areas of healthcare and technology.

CAREER OPPORTUNITIES FOR FORMER SERVICE MEMBERS

While often well prepared and trained while in service, veterans face difficulties in obtaining gainful employment in the civilian sector. A sampling of soldiers who separated from the Army between October 2010 and December 2012 indicated that just over half submitted valid unemployment insurance claims within 18 months of separation (Heaton and Krull, 2012). According to the U.S. Army's total costs of Unemployment Compensation for Ex-Service Members, unemployment claims peaked in 2011 at \$575 million dollars (U.S. Army, 2014). The youngest veterans (ages 18-24) have the most significant problem with post-service employment with an unemployment rate that is 2.7% higher than their civilian counterparts (BLS, 2016).

The annual average unemployment rate for veterans aged 18 and over is 4.6%, compared with an annual average unemployment rate of 5.2% for non-veterans aged 18 and over. In narrowing the scope to veterans ages 18–24, there is a disturbing trend. The annual

average unemployment rate for Post 9/11 veterans is 5.8%. The annual average number of unemployed veterans is 495,000; 168,000 of whom are Post 9/11 veterans. The annual average unemployment rate for veterans ages 28–24 is 13%, almost three times the national average (BLS, 2015 annual).

While some Military Occupational Specialties (MOS) have the education, training, and experience to readily transfer to civilian jobs in comparable fields, such as military medic to paramedic, service members sometimes lack the specific licensing and credentials required by civilian job market. The vision statement of the Medical Education and Training Center at Fort Sam Houston, Texas, states that the military trains to mission and educates for a lifetime. During Operation Iraqi Freedom and New Dawn (OIF) and Operation Enduring Freedom (OEF) in Afghanistan (2003-2014), military personnel— 56% of whom had received training at METC— were instrumental in providing day-to-day care to military personnel, in addition to responding to devastating and immediate multi-system traumatic injuries and psychological wounds. Military medics also responded to humanitarian efforts involving the local population and in critical care situations (Halloran, 2009; Lynch, 2012). Military medics worked side by side with physicians and nurses at the impact site, during evacuation, or within a military health facility (Thompson, 2012).

The United States has been involved in military conflicts for over a decade. Returning veterans of these conflicts are now entering postsecondary institutions in ever increasing numbers. Over the next decade, it is expected that over two million veterans will seek some form of college education (McBain, Kim, Cook, & Snead, 2012). As of December 31, 2013, there were 1,357,285 active duty members of the military, and 519,037 were Army (Defense

Manpower Data Center, 2014). The military reported 1,962,445 military dependents. To put these numbers in perspective, of Americans over 18 years of age, roughly .5% serve in the military, and 1% of all Americans are a military member or a military dependent (U.S. Census Bureau, 2013). In 2013, college enrollments topped 21 million, meaning there were 15 times more people enrolled in an American college than serving in the American military (National Center for Educational Statistics, 2014). As with time in college, however, the majority of service members are in the military for a limited amount of time. Right now, the U.S. Department of Veterans Affairs (2014) estimates that there are more than 21 million veterans, and 15 million of them, or 71%, do not have an earned bachelor's degree (U.S. Census Bureau, 2012). These statistics illustrate that veterans and dependents attending college will remain a small college-going population, but an ongoing one (Wilson, 2014). Morreale (2011) concluded that military veteran students have characteristics similar to other post-traditional, adult students. These characteristics include being older, delaying college entry, being parents, being first generation students, and being highly motivated with a developed attention to detail. Soares (2013) concurred with the work of Morreale with the additional caveat that post-traditional learners are individuals already in the work force who lack a postsecondary credential yet are determined to pursue further knowledge and skills while balancing work, life, and education responsibilities. Post-traditional learners also encompass many life stages and identities; they are single mothers, immigrants, veterans, and at-risk younger people looking for a second chance (Soares, 2013).

Although military medics have been providing essential health services, that in many cases extend far beyond the scope of a civilian EMT or paramedic, they encounter civilian job

and educational admission barriers due to the limited equivalency of skill sets between the military and civilian sectors, as well as current state licensing regulation regarding testing of their experiences (Allen et al., 2012; Holloran, 2009; Knox, Dower, & O'Neil, 2008). Veterans pursuing employment in high demand areas such as Emergency Medical Services and Nursing become frustrated and discouraged when they are faced with repeating college courses already mastered while in service because of a lack of credit recognition by civilian higher education (Allen, et al. 2014). All three studies conclude that post-traditional learners, including military veteran share five common criteria:

1. Are needed wage earners for themselves or their families;
2. Combine work and learning at the same time or move between them frequently;
3. Pursue knowledge, skills, and credentials that employers will recognize and compensate;
4. Require developmental education to be successful in college-level courses;
5. Seek academic/career advising to navigate their complex path to a degree.

Soares' (2013) examination of post-traditional learners and instructional delivery concluded that, "The simple fact is that our traditional system of two- and four-year colleges and universities with their campus-based, semester-timed, credit-hour driven model of instructional delivery is not well-suited to educate post-traditional learners" (Soares, 2013, p. 2). This form of college-going is marked by more customized pathways to degree or credential completion and a focus away from credit hours to the ability to demonstrate and apply knowledge (Soares, 2013). Corporate universities and other non-college based learning

programs (e.g., military and community-based) have, in turn, given rise to a demand to evaluate learning outside the academy for college credit. This process is called “prior learning assessment” and uses examinations, portfolios, and reviews to ascertain if the postsecondary education that occurs outside college classrooms can be awarded college credit (Soares, 2013, p. 11).

Demand for prior learning assessment has existed at least since World War II, when the American Council on Education (ACE) began a credit recommendation service to value for credit-worthiness learning done by GIs in service. The 1970s saw an upsurge in demand, with other organizations scaling efforts to award credit, including The Council for Adult and Experiential Learning, The College Board, Excelsior College, and DANTES military exams. The mechanisms used to evaluate experiences for credit-worthiness range from portfolio assessment to exams to credit for training (DANTES, 2016).

EDUCATIONAL OPPORTUNITIES FOR FORMER SERVICE MEMBERS

History and Background

The GI bill was first introduced after World War II as a means of providing funding for veterans to return to school. A study by Humes (2006) estimated that 8 million veterans, or just over one-half of the eligible veterans, utilized the GI Bill to complete high school, attend college, and/or earn a vocational degree. From veterans who have served in WW II, the GI Bill has funded three presidents, twelve senators, three supreme court justices, fourteen Nobel Prize Winners, twenty-four Pulitzer Prize Winners, 67,000 doctors, 22,000 dentists, 91,000 scientists, 240,000 accountants, 238,000 teachers, and 450,000 engineers (Humes, 2006; Olsen,

1974; Veteran Administration Press Release, 1964). The economic impact in the post-WWII era was equally as significant. Based on the Congressional Report by the sub-committee on Education and Health of the Joint Economic Committee (1988), it has been estimated that for every dollar spent on the first GI Bill, seven dollars were returned to the nation's economy. The Korean War era GI Bill provided the pathway for veterans to directly receive benefits instead of the institution receiving the funds and then refunding any overage after college costs back to the student. The Committee on Veterans Affairs (1972) estimated that 2 million of the 5.3 million eligible Korean War veterans used GI Bill benefits.

Several iterations of the GI Bill have developed since the Korean War era bill including the Veterans Readjustment Benefits Act of 1966, the Veterans Educational Assistance Program (VEAP) and the Montgomery GI Bill (MGIB).

The American Council on Education (ACE) was established in 1918 as the Emergency Council on Higher Education to prepare World War I veterans to return to the workforce. In 1942, a special committee was formed to develop policies for evaluating the educational experiences of military personnel. The first *Military Guide* was produced in 1944 entitled the *Guide to the Evaluation of Educational Experiences in the Armed Forces* (ACE, 2015). The Military Program's division of ACE is solely responsible for the evaluation and subsequent credit recommendations of military courses and occupations. This program is contracted through the Defense Activity for Non-Traditional Education Support (DANTES), a Department of Defense agency that is committed to helping "service members and veterans pursue their educational goals and earn degrees or certifications both during and after their service" (DANTES, 2016).

Approximately 5.7 million veterans served in the Korean War (KWV, 2017), and over 2.7 million veterans served in the Viet Nam War (VNV, 2017). ACE was instrumental in the passage of the Servicemen's Readjustment Act of 1944 that became known as the GI Bill. ACE continued to advocate for veteran's education benefits by contributing to the passage of the Post-9/11 GI Bill in 2008 (ACE, 2017).

In 1965, Duke University became the first institution to acknowledge the prior education, training, and experience of Navy corpsmen and created the Physician Assistants program in response to a shortage of generalist physicians (PAHS, 2017). This program relied in part on the credit recommendations put forth by ACE (ACE, 2015). Currently, ACE provides a variety of resources to institutions to assist them in connecting with student veterans and service members. These include the *Military Guide*, the Toolkit for Veteran Friendly Institutions, and Veteran Education Research. The *Military Guide* contains more than 25,000 exhibits (22,000 courses/3,300 occupations) covering recommendations made from 1954 to the present (ACE, 2017). During the 2016–2017 academic year, the Joint Services Transcript issued over 453,000 transcripts and responded to over 1.2 million online requests by service members and veterans seeking to capitalize on ACE credit recommendations.

Government-Led Initiatives

Many service members are required to repeat education or training to receive industry certifications and occupational licenses, even though much, if not all, of their military training and experience overlaps with credential training requirements. The Department of Defense Military Credentialing and Licensing Task Force, established in 2012, has identified and created

opportunities for service members to earn civilian occupational credentials and licenses. These efforts have been focused in areas that have a high demand for skilled workers, including manufacturing, information technology, transportation and logistics, healthcare, and emergency medical services (Executive Office of the President, 2013).

The purpose of the Credentialing and Licensing Task Force is to provide oversight for the coordination and execution of DoD and Service credentialing initiatives. One such initiative came out of a directive in the National Defense Authorization Act (NDAA) of 2012, section 558, that directs that a pilot program be established to assess the feasibility and advisability of permitting enlisted members to obtain civilian credentialing or licensing for skills required for Military Occupational Specialties (MOS). An overview of the pilot program involved approximately 3,500 service members from 57 military occupational codes in the areas of health care, information technology, supply and logistics, manufacturing, and transportation. Key findings of the pilot study revealed that the cost of credentialing is relatively low, and that bridge training programs can facilitate credentialing of service members when there are gaps between military training and civilian credentialing requirements. As part of the credentialing pilot 85,234 service members have earned credentials, including certificates and licensure, that are required in the civilian workforce. The National Registry of Emergency Medical Technicians (NREMT) is coordinating a planned credentialing initiative with the Task Force Emergency Medical Services Work Group to identify and credential service members in related MOSs, extend the Emergency Medical Technician (EMT) national certification for former Medics and Corpsmen for two years from their dates of separation, and create a vehicle for veterans to

obtain the name and contact person, along with application information for each state EMS agency.

The access to military training materials and information dissemination changes were outlined in the NDAA 2014, section 542, which charged the DoD and all branches of service to, “provide credentialing agencies with access to military training materials to improve their ability to assess the equivalency of military training” (NDAA, 2014, n.p.). The NDAA of 2014 also suggests that the DoD and all branches of service disseminate information to service members throughout their careers on civilian licenses and certification that match their MOS, skills, and experience.

In 2012, the White House also launched the Joining Forces Initiative under the guidance of First Lady Michelle Obama and Dr. Jill Biden. The program focused on the areas of employment, education, and wellness to support both active duty service members and returning veterans. A cornerstone of the education initiative was to create expanded education opportunities service members that capitalized on the military training, education, and on-the-job experience gained while serving in the military by easing the transferability of credit and establishing credit for prior learning pathways to college credit. Linked closely to the employment initiative, this program actively supports the efforts by colleges and universities to reduce or eliminate licensing and credentialing barriers and highlight the workforce potential of veterans (Joining Forces, 2011). To support these efforts, many states have recently passed legislation to allow military service members to receive credit for their military education, training, and experience.

The White House, the Department of Defense (DoD), as well as other public and private stakeholders are working to ease the transition to the civilian workforce for eligible military service members and veterans and to enhance career opportunities for the reserve components of the U.S. Armed Forces (e.g., the Guard and Reserves) (ODASD, 2014). To support this effort, 32 states and college systems have policies allowing veterans to waive the residency requirement and receive in-state tuition immediately upon enrollment (NCSL, 2016).

Senior military leaders in the United States have embraced an education model that includes critical thinking, problem solving, taking initiative, and effectively operating in a decentralized and sometimes ambiguous environment. The Army developed the *Army Learning Concept for 2015* (Department of the Army, 2011), that in part, emphasizes the developing the abilities of the soldier to utilize prior knowledge, skills, and abilities to solve real-world problems (Cornell-d'Echert, 2012). Army personnel are evaluated based upon competency mastery rather than task mastery. Competencies are defined as “the aggregate effect of knowledge, skills, attributes, and other characteristics of particular value” (Department of the Army, 2011, p. 17-18). One of the key advantages of ALC 2015 is that it seeks to enhance the relevance of what students learn by ensuring that the learning occurs when and where it is of most value. As a result, service members leaving service to continue their education at a civilian college or university have been directly applying classroom learning to real situations every day.

Current Educational Models

There are substantive differences among military-connected undergraduates that link directly to higher education access and success. It is essential to address the differences

between active duty personnel, reservists, National Guard members, and veterans with regards to their military obligations and available educational benefits when creating a crosswalk mode (Buryk, et al. 2015). The U.S. Department of Veterans Affairs (2015) outlines the differences by the following descriptors:

- Members of the National Guard and reserves typically spend two weeks per year and one weekend per month training, commonly called “drilling period”. They can be classified as veterans for purposes of receiving BA benefits if, as the Congressional Research Service notes, they have fulfilled their active duty service and the full period for which they were called upon (Szymendra, 2015). National Guard members have a unique state and federal dual-service function, which is why Guard members serve for both state emergencies and for federal deployments (i.e., active duty service). Reservists can only be ordered for full-time active duty service, not state emergencies.
- Active duty personnel are full-time service members.
- Veterans have served on active duty, completed their service obligations, and met length-of-service requirements.

As increasing numbers of student veterans explore pathways in higher education that will leverage the education, training, and experience received during military service and acknowledge earned prior learning credit, campuses are moving away from being traditional military-friendly campuses to being military-inclusive campuses where military students are seen as an organic member of the campus community and not simply an external sub-community. In the military-inclusive campus atmosphere, all students are served by the same systems of support with the same faculty and academic systems. Additionally, military students are not treated as a niche market without a separate set of accommodations to meet

expectations, but rather as an integral part of the student population with the same academic and student life expectations. Campuses are moving away from meeting students where they are with limited services available for transition, to providing additional assistance that will enable veteran students to transition and develop as a member of the campus community.

The Council for Adult and Experiential Learning (CAEL), in collaboration with the Midwestern Higher Education Compact (MHEC), produced *Valuing Military Learning: A Guide to Military Prior Learning Assessment* as a tool to help current and veteran military personnel access bridge programs that may be available to them.

Joint Services Transcript

One tool used to validate military education, training, and experience is the Joint Services Transcript (JST). The JST is an academically accepted document that validates a service member's occupational experience and formal military training along with the corresponding ACE credit recommendations. It is owned and issued by the Army, Marine Corps, Navy, and Coast Guard. ACE supplies data that populates the JST and performs quality checks on the transcript, but ACE cannot make changes to this document; only the applicable service representatives are allowed to update information on the document (ACE, 2015). The benefits of JST include an increased return on investment, uniformity and centralization, and the alignment of service-specific information.

The advantages of the JST include the continuity of one transcript tool (JST, 2012). The alignment of the transcript to the ACE database is critical because each service owns its own registration system. The database synchronizes with the service members' personnel record, yet another data system and then that aligns with the *Military Guide*, which houses the

evaluation of courses since 1954 and occupations since 1974. The JST undergoes multiple check points to provide validation, and each Service has key policies that align with its mission standards. ACE also conducts rigorous quality assurance and quality control checks on the JST. The JST forms the foundation for a comprehensive review of the service members' education, training, and experience acquired during their military service. Supported by the *ACE Military Guide* as a source of course and occupational educational credit recommendations, the service members' individual record and the services registration system, the JST provides the civilian registrar with a complete record of the service members education, training, and experience (See Figure 1).

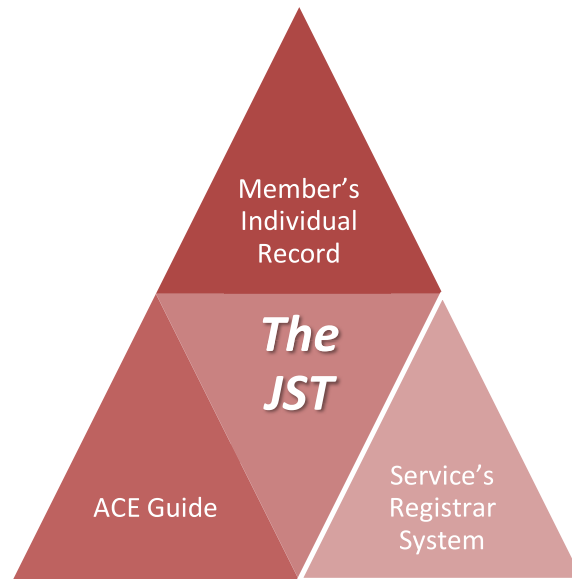


Figure 1: The Joint Services Transcript

The JST is designed to be used as a transcript of the service members' education, training, and experience during their period of service, similar to how a college transcript reflects a civilian student's body of work. It is not intended to be an all-inclusive document

reflecting every aspect of the service members' knowledge and experience. In addition to the JST, a college advisor must access the *Military Guide* (www.acenet.edu/militaryguide), for a comprehensive picture of each entry on the JST. The *Military Guide* provides a course or occupation overview of content, assessment tools used, minimum passing grade required, content delivery vehicles, such as lecture, group presentations, written papers, case studies, simulations, and research and writing requirements. Using the *Military Guide* as a reference, the college advisor has the tools to compare the institution's course offerings and the military guide information. At this point in the transcript evaluation process, four different pathways have successfully been employed.

ACE Review: ACE Military Guide

The ACE office of Military Programs provides extensive third party review process for military courses and occupations since 1945 with the goal of recommending equivalent college credit for those experiences. The *ACE Military Guide* contains over 25,000 exhibits encompassing 22,000 military courses and 3,400 military occupations with credit recommendations for post-secondary institutions. The advantages of the ACE review are course and occupation examination by an independent third party that includes a review of instructor materials, student assessment tools, and outcome measurements. This provides a greater breadth and depth to the process than just reviewing the military curriculum for common crossover areas.

The ACE process begins by reviewing formal and official documents for both courses and occupations, comparing them to the service specific systems, and validating dates and key data parameters. The rigor and review of the process follows suit. Each course that has been

reviewed by ACE is issued an ACE identification number (Figure 2). The JST will also list a brief description of the course or occupation and the semester hour credit recommendations by ACE.

ACE Course Exhibit	
AR-0709-0065 v4 (ACE ID Number and Version)	
Title:	HEALTH CARE SPECIALIST
Course Number:	300-68W10. (Corresponding Army course ID number)
Location:	Medical Department Center and School, Fort Sam Houston, TX.
Length:	16 weeks (662 hours).
Exhibit Dates:	10/07–Present.

Figure 2: ACE Identification System

Accelerated and Bridge Programs

Accelerated and bridge programs can save service members time and money for the training and experience that they have already received. The Post 9/11 GI Bill and the expanded benefits account for an increase of over 500,000 beneficiaries in 2011 and an increase in the total number of beneficiaries of all VA educational programs by 76% since 2007 (U.S. Department of Veterans Affairs, 2011). As these individuals separated from service and began to use their benefits, the post-secondary community was underprepared to deal with the nuances that surfaced (DiRamio et al., 2008). Student veterans complained of encountering confusing campus policies and practices that prevented them from receiving credit for military service-related competencies (Rumann and Hamrick, 2010). In addition, there was inadequate means of measuring and granting credit for military experience and on-the-job training through a prior-learning or competency-based model (Whiteman et al., 2013).

Veterans receive intensive training and experience while in the military and increasingly policymakers are encouraging institutions to allow veterans to apply those hours of experience and training towards degrees and credentials (Veterans and College, 2014). Prior Learning Assessments, or PLAs, can grant college credit for competencies and knowledge veterans acquire while serving in the military, which can reduce the time and cost of obtaining a degree or credential. The Council for Adult and Experiential Learning (CAEL) has found that a student with PLA credits is two and a half times more likely to graduate than a student who does not have PLA credits (Veterans and College, 2014).

Competency Based Education (CBE) programs are designed with the assessment component at the core of the program. Oftentimes institutions have used the credit-hour count as a proxy for student learning (Klein-Collins, Sherman, & Shores, 2012). Traditional programs that are based on credit hours are indicative of the input into a course, not the output or the measurable learning outcomes. Many military programs are condensed, competency-based programs designed to focus on the concept that completion of the program is requisite on demonstrating the learning outcomes of the course (U.S. Army, 2015). Competency Based Education (CBE) changes the relationship between time and learning from a traditional model of a fixed credit hour measurement of time spent learning to a model where time is a variable measurement and learning is well-defined, fixed, and non-negotiable. All of the military service branches are moving to competency-based education, with the Army Learning Concept 2015 is leading the transformation. Under this model, the Army is focused on dramatically reducing or eliminating instructor-led slide presentations and lectures, and converting most classroom experiences into collaborative problem-solving and application activities that encourage the

soldiers to think and help them understand the relevance and context of what they learn (Christian, 2012). In addition, the Army is encouraging the use of blended learning approaches that incorporate simulations and gaming to provide realistic training and to more effectively assess students' abilities to apply their knowledge in real-world settings (Department of the Army, 2012).

While the service branches continue to move to a more competency-based education model, challenges and questions continue to be raised by civilian institutions regarding educational content delivery and instructor credentialing. In civilian academe, instructor credentialing in higher education translates, in most cases, to the minimum of a masters'-level prepared instructor from within the teaching discipline.

Early Transition Initiatives

Various governmental initiatives, such as Troop to Teachers and Hire a Hero, have provided pathways for colleges to develop military friendly courses of study. Individual states have begun the process of creating pathways for service members and veterans to transition to the civilian workforce. Alamo College in Texas has partnered with the University of the Incarnate Word to create a stackable degree pathway for military medics and nurses. The Mid-West Multi-State Consortium has begun a study and needs analysis to transition military healthcare providers through a process of finding the common requirements within the consortium states. By standardizing requirements for education and licensure across the country, student veterans with related experience, education, and training will be able to capitalize on experiential credit to complete requisite degrees and licensure. The experience

gained during military service and the guided pathway to completion will allow them to enter the workforce rapidly and help ease the impending shortage of qualified EMTs, paramedics, and nurses.

The DoD also acknowledges the existence of some gaps between military training and civilian credentialing requirements. As part of an ongoing effort to better equip service members for civilian employment, the service branches have begun to more closely align curriculum and competencies with third-party accreditation and national credentialing bodies. To this end, all branches either require or offer the option to participate in the National Registry of Emergency Medical Technicians (NREMT) testing and registry process.

In January 2013, the National Registry of Emergency Medical Technicians, in cooperation with state governments, began requiring all paramedic candidates for registry to complete a Commission on Accreditation of Allied Health Education Programs (CAAHEP) accredited program. Of the 770+ paramedic programs in the United States that are either fully accredited or significantly progressing through the review process, fewer than two dozen have programs to provide military service members and veterans with credit for military training, education, and experience (CAAHEP, 2015).

Many healthcare career programs are required to maintain a minimum percentage of masters'-level prepared teaching faculty in order to satisfy third party accreditation requirements (CAAHEP, 2016). Examining the Army ALC 2015 (Department of the Army, 2011), instructors often possess subject matter expertise but lack the proficiency and formal preparation in teaching. Subject matter experts are recognized by third-party accrediting bodies as acceptable instructors for a limited amount course content only (CoAEMSP, 2016). In a move

to address these issues, the Armed Forces developed the Medical Education and Training Center (METC) at Fort Sam Houston, Texas. Part of the METC mission and vision is to “employ state of the art, evidence-based strategies that enhance learning and advance the educational practices across the globe” (METC, 2016). METC is institutionally accredited through the Council on Occupational Education (COE) and the Community College of the Air Force. In addition to the institutional accreditation, twelve of the programs offered at METC are fully accredited through the appropriate program agency including the verification of the instructors’ academic preparation and credentialing.

While each state recognizes the National Registry of Emergency Medical Technicians (NREMT) as the examination body for certification, each state has different licensure requirements according to their respective state EMS laws. As a result, the military curricula have to be evaluated to identify any gaps in instruction as they apply to each state. While each branch of service has a different curriculum for medics, the Army 68W, the Navy Corpsman (NV- HM), and the Air Force ParaRescue (AF- 4N0X1), all begin the foundational training at METC. After the initial coursework is complete, additional education in the service specific discipline is acquired. Each curriculum must be matched against the U.S. Department of Transportation, National Highway Traffic Safety Administration (NHTSA) National Standard Curriculum for Paramedics. An example of a typical comparison of the military curriculum and the NHTSA curriculum can be found below, in Figure 3. While each of the methods utilized by schools in analyzing the gaps in the military medic program and the civilian EMT-Paramedic program had unique variations, some common areas were identified by all four methods.

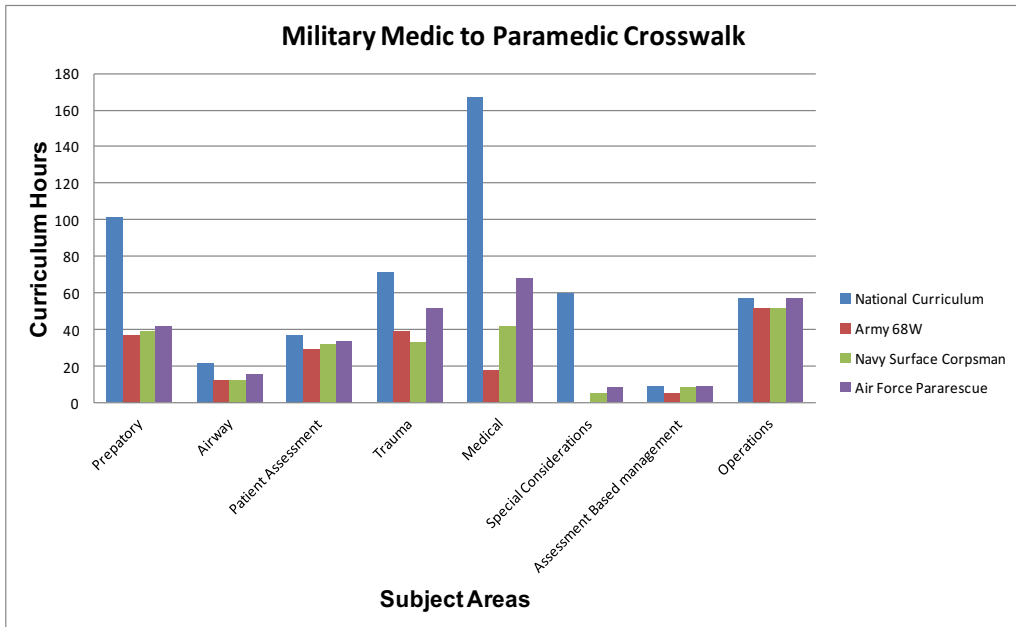


Figure 3: Comparison of Military and NHTSA Curricula

The Credit Evaluation Process

The credit evaluation process and development of a crosswalk requires a six-step process.

1. **Advocate:** Create faculty task teams to segment the existing curricula into small, manageable units representing one credit hour of instruction or 16 contact hours. Working with faculty and advising task teams, work is focused on examining the Joint Services Transcript (JST) and the ACE Military Guide for recommended earned credit and identifying where overlap exists. It is essential to cross-reference the ACE identification number on the JST with the course exhibit on the ACE Military Guide in order to obtain a complete understanding of the course outcomes and assessments
2. **Assess:** Compare civilian course of study curricula to the military curricula to find common overlap. These areas of overlap become areas for potential prior experiential credit.
3. **Relate:** Align course outcomes with institutional outcomes.
4. **Evaluate:** Examine the service members' portfolio for prior learning credit. This step should encompass evidence within the portfolio that reflects the education, training, and experience acquired while functioning as a military medic, including rank or rate

(depending on branch of service), and time on the job. Care should be taken to include an assessment of military occupational specialties as well to account for on-the-job experience and possible credit.

5. **Award:** Award competency based education(CBE) credit based on portfolio evaluation for the areas of the curriculum that overlap and in which the veteran student has demonstrated competency, whether by transcript evidence or examination.
6. **Map:** Develop a bridge, modular program of study that allows student veterans to be required to complete only those modules not represented in their portfolio.

This six-step process provides a replicable pathway by which colleges and universities can recognize military education, training and experience and apply credit earned directly to civilian courses and programs of study.

STATEMENT OF THE PROBLEM

Military education, training, and experience are not always recognized by the civilian organizations that administer the related certifications or exams or by state licensing agencies. This disconnect makes it difficult for service members and veterans to qualify for the credentials they need for professional positions even though they may have received the requisite education during their military service. Challenges that the service members face include a lack of understanding about how military training and experience translates into licensing and academic credits, inconsistent state laws, and an absence of a common standard for service credentialing programs. The Department of Defense Military Credentialing and Licensing Task Force has begun to work with states and industry leaders to assist in the translation of military training and experience into credit that will apply towards professional licensure. A key challenge to this process is the current inability by the states to access military training curricula and experiential performance check lists. The issue becomes how to measure

and grant equivalent credit for military training and education while at the same time maintaining higher education standards and requirements for successful degree completion. In order to meet the challenges of providing consistency in the recognition of military education, training and experience, a common replicable, valid and reliable model for cross-walking military prior learning is needed.

RESEARCH QUESTIONS (GOALS OF THIS GUIDE)

1. How can a curricular crosswalk be created to bridge military training and education to a civilian paramedic license?
2. What prior experiential learning can be identified through crosswalks that will meet equivalencies for college subject-specific courses (ex: Anatomy and Physiology)?
3. What innovations in curricular design need to be put into place to reach active duty personnel?
4. How can competency testing be utilized to verify prior experiential learning?
5. What stackable degrees can be added to provide alternate opportunities for service members?
6. How would service members and veterans benefit from this model?

AIM OF THIS GUIDE

This document examines different models and provides a technical description of the bridge program between military medics (including Army medic designation 68W, Navy corpsman, designation surface independent duty corpsman, and Air force aeromedical technicians) and civilian paramedics. Using the recommendations by the American Council on Education (ACE), the Joint Services Transcript (JST), Competency Based Education (CBE) credit, and applying requisite Prior Experiential Learning (PLA), this process will serve to provide

institutions with an opportunity to assess the models currently in use to provide the crosswalk of military medic training, education, and experience to paramedic experiential credit programs and identify possible pathways to create similar programs at their institution.

DEFINITION OF ABBREVIATIONS USED IN THIS STUDY

The following list provides definitions for the acronyms and abbreviations that will be used throughout this document.

ACE	American Council on Education. This group is responsible for evaluating military courses and occupations and recommending equivalent college credit.
AMEDDC&S	Army Medical Department Center and School
ALARACT	ALL Army Activities
APEL	Accreditation of Prior Experiential Learning
CAAHEP	Commission on Accreditation of Allied Health Programs
CAEL	Council for Adult and Experiential Learning
CBE	Competency Based Education
COE	Council on Occupational Education
DANTES	Defense Activity for Non-Traditional Education Support
DoD	Department of Defense
EMT-B	Basic Emergency Medical Technician. This is the entry level licensure for EMS and is responsible for providing basic life support to patients.
JST	Joint Services Transcript. The JST is responsible for maintaining and issuing military transcripts
JTEST-AL	Job Training, Employment Skills Training Apprenticeships and Internships
METC	Medical Education and Training Center, Ft. Sam Houston, Texas
MGIB	Montgomery GI Bill
MHEC	Midwestern Higher Education Compact
MOS	Military Occupational Specialty
NAEMSE	National Association of Emergency Medical Service Educators

NASEMSO	National Association of State Emergency Medical Service Officials
NDAA	National Defense Authorization Act
NHTSA	National Highway Traffic Safety Administration
NSC	National Standard Curriculum
PLA	Prior Learning Assessments
SOC	Servicemembers Opportunity Colleges
TAP	Transition Assistance Program
VEAP	Veterans Educational Assistance Program
VOW	Veterans Opportunity to Work - Hire Heroes Act
VRAP	Veterans Retraining Assistance Program

CONCLUSION

Chapter Two provides a review of the related literature. Chapter Three serves to examine current best practice standards of four different existing models, including a multi-state collaborative model, a state model, a community college model, and a program specific model and how parts of each would create a standardized crosswalk model that would address individual state requirements and maximize military credit earned while in service. Following that examination is an illustration of each model considered as well as the critical components necessary from each model to create the generic crosswalk template.

Chapter Four will present a step-by-step process for developing a course of study crosswalk for military medics to civilian paramedics. Based on the overlap of education already mastered while in military service, the overall program length is reduced from an average of 13 months to 6 ½ months. The creation of small modules of course content lend themselves to an online format for the didactic component of the course of study, leaving the skills laboratory and clinical component in small group instruction and open lab settings. Considerable emphasis

will be placed on correctly identifying applicable military credit using the JST, ACE Military Guide, competency based testing, and portfolio review.

Chapter Five will discuss the strengths and weaknesses of existing models and how the crosswalk model in Chapter Four addresses each of these areas. It will also emphasize the need for standardization of licensing requirements nationwide and as well as the necessity to uniformly acknowledge the education, training, and experience a military medic brings to higher education. As the research indicates, the shortage of qualified EMTs and paramedics will continue to grow in the coming years. Returning service members bring the foundational skills to fast-track into civilian employment; however, this is contingent upon the application of a standard model of credit recognition for their military education and experience.

CHAPTER TWO: LITERATURE REVIEW

INTRODUCTION

It is important to examine the role of military education, training, and experience when developing a crosswalk model for transitioning military personnel to civilian employment requiring licensing and credentialing. Understanding the benefits of capitalizing on prior experiential learning and how these contribute to increased completion rates and a shorter time to employment serves as a framework for crosswalk development. Though most of the relevant research focuses on the need to standardize how experiential learning is recognized and applied, significant studies with corporations as well as national and state initiatives are providing a wider acceptance of military experience in lieu of traditional classroom experiences.

THE BENEFITS OF EXPERIENTIAL LEARNING

Several studies (Armsby, 2006; ASEE, 2013; RAND, 2016) have examined the benefits of experiential learning as it contributes to a student's education. Eyler (2009) suggests that, "experiential education can lead to powerful academic learning and help students achieve intellectual goals commonly associated with liberal education" (p. 3).

One of the challenges facing colleges and universities is determining how to validate experiential learning experiences and cross walk these to course work mastery. Clark and Warr (1997) examined the process of validating prior learning and experiential learning through a

semi-structured interview process with faculty and students that specifically examined each of the groups perceptions of the comprehensiveness and types of credit available to demonstrate prior learning credit in preparation for program competency. During this process, the evidence indicated that both groups tended to be more self-critical in acknowledging experiential learning as equivalent to credit earned. The faculty identified a desire to create a more comprehensive measurement that would better represent prior learning for credit, while the students' viewpoint reflected the institutions under-representation of knowledge mastery demonstrated by the student. Gosen and Washbush (2004) argued that there is still not an effective, valid, and standardized means of objectively measuring prior learning credit and accurately relating it to coursework. In examining existing experiential learning models, the authors seriously question the benefit to student mastery.

One such model, the Accreditation of Prior Experiential Learning (APEL), supports Work-Based Learning (WBL) as a legitimate challenge to the established processes of traditional university educational delivery. The study originally conducted by Armsby et al., (2006), and then expanded upon by APEL (2008), concluded that if an institution embraced the idea of prior learning experience as a crosswalk to college credit, the student success and the degree completion statistics increased. The study, focuses on five overlapping themes. These are

1. The power and control within the infrastructure of universities.
2. The power of the disciplines to skew the depth and significance of prior and experiential learning.
3. The pressure from government for universities to foster employee learning.
4. The competing value positions of academics and of students.
5. The social influence of students and assessors' gender, race, and class.

A more global perspective of crediting work-based study and experiential learning can be found in Costley's (2006) study. By examining seven other countries including Germany, China, Ireland, India, England, Japan, and the United States, it was determined that the United States lags behind in the recognition and granting of experiential credit in higher education.

A study conducted by Sandberg (2012) concluded prior learning credit undermines the education experience and does not meet the goals and ideals of adult education and learning in the same manner that a traditional format would. The conclusion of this study is based on a single method of analysis and does not consider APEL or other work-based models.

INFLUENCES ON GRANTING MILITARY OCCUPATIONAL CREDIT

Several corporate initiatives to aid in the transitioning of service members to civilian employment have been undertaken including the American Society for Engineering Education (ASEE), AT&T, and Microsoft, Inc.

AT&T conducted a military career matching study 2014 that examined in what capacity prior military experience might be mutually beneficial to both. The resulting Military Skills Translator was developed by AT&T to assist veterans in searching for employment opportunities within AT&T using the military occupational job code (AT&T, 2014). The AT&T study only looked at existing military occupations and the credit recommendations delineated on the JST in recognizing experiential credit. Individual assessments, advising, and higher education partnerships were not addressed as possible fast track options although AT&T has partnered with Udacity to offer 20 veteran scholarships towards Nanodegrees, an online certification program for job seekers looking to advance in high-tech careers (AT&T, 2014).

In 2014 Microsoft, Inc., partnered with Central Texas College and Saint Martin's University to study a target population of active duty service members with exit dates to develop a fast-track learning path capitalizing on prior military experiential learning in information technology. This study determined that while the ACE credit recommendations and *Military Guide* provided a framework for assessing earned credit, college advisors lacked the skills necessary to maximize earned military credit that will crosswalk to available college courses of study. The Microsoft partnership with higher education created the Software Systems Academy, an innovative multiple learning modality curriculum that targets information technology jobs in the military. The focus is on cloud application development, server and cloud administration, DBA & BI administration, and cloud security administration. A follow-up to the 2013 Microsoft research focused on the amount of military prior credit that is recognized, as well as the percentage of college credits, completion certificates, and associate's degrees earned over a three-year span (Microsoft, 2016). All three of the industry studies concluded that the beginning of the crosswalk of military education, training, and experience to civilian college credit should be the ACE credit recommendations and supplemental *Military Guide*.

The ASEE conducted a job-matching study in 2013 that identified the need to ensure academic recognition of a service members' prior experience. Additionally, the ASEE sought to propagate supportive academic institutions that would create degree pathways and stackable degrees to fast track service members into employment (ASEE, 2013). A follow-up study by the ASEE in 2014 concentrated on developing a framework that included effective advising documents to facilitate an efficient transition of service members to engineering-related careers. The 2014 study also identified successful partnerships among 2- and 4-year degree

granting institutions that are supporting service member credit for prior experiential learning and stackable degrees to transition veterans to engineering related careers.

The RAND Study (2017) focuses on leveraging the knowledge, skills, and abilities mastered during military service to fast-track to civilian employment. Although the study is comprehensive in its discussion of translating on-the-job military experience for civilian employers, it focuses only on Army MOSs. A key area of the RAND study is the inclusion of soft skill identifiers that include areas such as teamwork, leadership, strategic planning, business communications, and fiscal stewardship. The RAND study is also the first comprehensive study of occupational crosswalks from Army MOSs to civilian employment.

Both the RAND Study and the ASEE studies strongly emphasize the need to begin the evaluation process with the ACE credit recommendations per the *ACE Military Guide*. The Rand Study and the ASEE studies identify key areas for higher education. These include ensuring that advisors are aware of way for the alignment of military experience with coursework including use of the JST and *ACE Military Guide*, developing online offerings of engineering requirements that could be fulfilled while on active duty, and sharing common articulation mechanisms and standards by developing advisory panels comprised of representatives of academic institutions, the military, and industry.

During the Veterans' Licensing and Certification Demonstration Policy Academy Meeting in Washington, D.C., in November of 2013, Dr. Mitch Seal, CDR, USN, Associate Director of Standards and Evaluation at the Medical Education and Training Campus, Fort Sam Houston, Texas, outlined how the U.S. Navy's study on military training across the various services relates to civilian medical occupations. He stated, "Prior learning credit is essential in order to

acknowledge the foundational education that has already been mastered in a soldiers' field of study" (Seal, 2013, n.p.). The report to the Office of the Deputy Assistant Secretary of Defense (Readiness), Technical Data Package for Awarding Experiential Credit for Military Service supports the theory of maximizing military experiential learning when developing a crosswalk model. This internal document establishes a valid and reliable pathway for awarding experiential credit for military education and training.

STREAMLINING CREDENTIALING AND LICENSING FOR SERVICE MEMBERS AND VETERANS: NATIONAL AND STATE INITIATIVES

National and state initiatives to streamline the credentialing and licensing process for service members and veterans began in earnest with the White House Taskforce on Licensing and Credentialing of the Military established by then First Lady Michelle Obama and Dr. Jill Biden as part of the Joining Forces Initiative in 2012.

The National Association of Emergency Medical Service Educators (NAEMSE), with the support from the U.S Department of Transportation, National Highway Traffic Safety Administration, Office of Emergency Medical Services produced the study entitled Bridging the Gap: Easing the Transition from Military Medic to Civilian Paramedic (Stepanovsky, et al., 2016) as part of a larger effort to assist the transition of military veterans into civilian careers. Statistically significant data from the study included the fact that only six (0.9%) programs nationwide have offered military medic to paramedic bridge programs at any time and only two (0.3%) programs are actively offering a program (Stepanovsky, et al., 2016). The study revealed key areas that need to be addressed before a successful national model can be implemented.

Other studies that support the findings of the NASEMSO study include an August 2009 report by the Solutions for Informational Design, LLC. to the Departments of Defense and Labor Credentialing Work Group that also identified gaps between military training and civilian credentialing, the necessity to obtain explicit recognition of the comparability of military training and/or experience from credentialing agency, and inconsistent state certification and licensure requirements (SOLID, 2009).

The Department of Defense Office of the Under Secretary of Defense, Personnel, and Readiness 2016 study on credentialing challenges facing service members identified possible reasons for the lack of recognition by state licensing and credentialing agencies of military education and experience. Reasons cited included the lack of available tools for evaluating military education, training and experience, and an inconsistency among states regarding licensing requirements (DoD, 2016). The study also revealed inconsistencies within the military regarding NREMT certification. According to the ALARACT order dated February 13, 2013, the lessons learned by the Army during recent battlefield tours by the troops dictate a more advanced skill set requirements for army flight medics to provide the most appropriate level of medical intervention for all categories of patients during medical evacuation operations. Analysis concluded that “the most appropriate level of care/certification is the National Registry Paramedic (NRP) flight medic with critical care skills training. The U.S. Army units will augment PCS paramedic training with home station paramedic training options to train and certify flight medics to the NRP standard” (ALARACT, 2013, p. 2).

At the state level, the 2015 study by the National Association of State EMS Officials demonstrated that fewer than one quarter of the states recognize military EMS training

experience explicitly or on a case-by-case basis, expedite licensing specifically for military-related personnel, or require the National Registry of EMTs (NREMT) Certification for licensing military medics, though the use of NREMT is on recognized as the standard in the military. This study also reveals that 41 states have military-specific differences in processing personnel licenses and military-specific EMS laws or rules that require the veteran to return to school for “gap-education” (NASEMSO, 2015).

STATE LEGISLATIVE EXAMPLES

While changing the way colleges and universities recognize and grant credit for military experience, education, and training is in the early stages, several states have passed legislation that directly impacts the granting of prior learning credit for military experience. In June 2014, the Kansas Board of Regents developed the Kansas Credit for Prior Learning Guidelines that specifically recognizes prior military training credit as awarded through the American Council on Education (ACE) College Credit Recommendation Service as it is reflected in the *Military Guide* (Kansas BOR, 2014).

The Education Commission Study completed in (2014), outlined the following state initiatives that specifically address pathways to granting prior credit for military education, training, and experience. California, New Hampshire, New Jersey, Ohio, and Rhode Island (MHEC, 2014) all enacted legislation to assist active military and veteran student to receive credit for their work and experience in the military and adapt to the higher education environment. The State of California in 2012 (CLI, 2012) passed A.C.R. 159 which encourages California Community Colleges, the California State University, and the University of California

to adopt the ACE credit recommendations in order to give veterans credit for their military experience. The State of New Hampshire passed H.B. 519 in 2013 (NHLA, 2013). This bill requires the Division of Higher Education in the Department of Education to adopt a policy on academic credit for a student's military occupation, training, coursework, and experience. The State of New Jersey (NJSL, 2013) passed S.B. 1961 that created the Veterans Higher Education Commission. The commission's mission is to study and advise the legislature and the governor on the successful transition of veterans to higher education including policies and programs to increase the percentage of veterans earning postsecondary degrees, methods for educating faculty and staff on supporting enrolled veterans, and educating veterans on available options for higher education institutions.

The State of Ohio (Open States, 2014) passed H.B. 488 in 2014 that requires state institutions of higher education to award credit for military training, experience, and coursework based on ACE credit recommendations. The State of Rhode Island (Rhode Island General Assembly, 2013) passed S.B. 195 requiring all higher education institutions in the state to adopt a policy to award credits to veterans for courses that were part of their military training. The State of Colorado (Colorado General Assembly, 2012) passed H.B. 1072 in 2012, requiring the Colorado Commission on Higher Education to develop criteria for awarding credit for a student's prior learning through military service. The State of Oregon (Oregon Legislative Assembly, 2012) passed H.B. 4059 in 2012, which increases the number of students receiving academic credit for prior learning through skills gained through work and life experience and military service. Work continues on legislative initiatives in many other states as well as legislators continue to work with higher education to address this challenge.

THE MISSING PIECE: HOW TO CROSSWALK EXPERIENTIAL LEARNING CREDIT

What is missing in the process of cross-walking experiential learning to college credit is the lack of the underlying pedagogy to substantiate and validate the experience. An investigative study in 2007 by Brodie and Irving examined the underlying framework of traditional higher education pedagogies and compared them to emerging trends that support credit for work-based learning. Interestingly, the framework proposed relied heavily on technology driven methods of curriculum delivery that, in many respects, simply repackaged traditional classroom pedagogy with an online format. Very little was discussed about alternate training models such as synchronous and asynchronous learning models, self-paced learning, or on-the-job educational models including internships, apprenticeships, and job shadowing, yet all of these are methods currently in use by the Department of Defense in the education and training of the military. An earlier study conducted by Butterworth (1992) examined the competency-based model of assessing prior learning credit and the developmental model, where credit is evaluated based upon reflective commentary. Both models were considered to be effective in supporting professional development; however, the study concluded that additional research was needed to develop a reliable and valid means of measurement and evaluation.

The American Association of Community Colleges (AACC, 2015) recognized the necessity to close the American skills gap. The organization cites the need to enlarge the capacity for identifying unfilled labor markets, targeting high need areas, working closely with local, regional, and national partnerships, and “establishing alternative models for completing skills-based credentials” (p. 20). The organization acknowledges the need for stackable credentials

that can develop career paths and the “ability to redesign student experiences to incorporate more work-based, hands-on, and technology-enriched learning” (p. 20). Part of this gap closure must include the recognition of experiential learning for credit including military training and education.

RECOGNIZING EXPERIENTIAL LEARNING CREDIT AS PART OF A CROSSWALK MODEL

According to Military Force Readiness, in 2012 there were approximately 1.4 million active duty military members and approximately 75,000 in medical or health care professions that are credentialed by the military but not recognized as credentialed in the civilian sector. The U.S. military has begun a drawdown of troop deployment in areas such as the Middle East and many of those veterans will be returning home, will have access to the GI Bill, and will be looking for avenues to translate knowledge and training acquired in the military into the civilian workforce. The National Association of State EMS Officials 2016 study determined that a key component of a successful military medic to paramedic bridge program was the ability to recognize military experiential on-the-job learning and granting equivalent college credit for field experience (NASEMSO, 2016). The study also supports the recognition that streamlining programs to recognize the most credit for military experience should be the model for transition program development (NESEMSO, 2016).

The RAND Study, ASEE Study, and the NASEMSO study all identify common barriers to completion for military students. It has been established by Armsby (2006) that graduation and success increase for those individuals who receive prior learning credit. It has also been established that the higher education community as a whole does not have a valid, reliable, and

consistent means of evaluating and awarding prior experiential learning credit for knowledge, skills and abilities obtained during military service outside of the traditional classroom setting.

CONCLUSION

Credit for prior experiential learning is in an embryonic stage in higher education. The reluctance to acknowledge military training and experience that has been obtained outside of the traditional academic setting is a barrier to student success and completion. As the numbers of veterans on campuses across the country continue to rise, higher education has a unique opportunity to acknowledge prior experiential learning and provide avenues for the student to apply their knowledge, skills, and abilities towards degree completion without having to repeat unnecessary coursework. If higher education is to meet the challenge of doubling graduation rates by the year 2020, creative and innovative ideas need to be embraced. As a nation competing in a global marketplace, education must be a leader in the preparation of the workforce.

Individuals with experiential training and education contribute added value to higher education in many aspects. Studies show that prior experiential education and training contributes to higher completion rates and degrees earned, the ability to link experience and theory, and the ability to demonstrate mastery of a subject or course of study. Albert Einstein stated, "Experience is a hard teacher because she gives the test first and the lesson afterwards" (Einstein, 2012, n.p.). Members of the Armed Services bring experience taught by a hard teacher. Higher education is challenged to recognize and credit the full value of the lesson.

CHAPTER THREE: EXISTING MODELS FOR “CROSSWALK” MEDIC TRAINING

INTRODUCTION

The literature review presented in Chapter Two illustrated a variety of measures that have been undertaken to assist service members and veterans with utilizing the education, training, and experience gained during military service to obtain college credit towards civilian licenses and certifications. The overall purpose of the project is to maximize the current best-practice standards to develop and improve crosswalks between the military medic and civilian paramedic occupations. This chapter serves as a transition between current applicable research is translated into identifying the components necessary for a successful crosswalk of military credit that satisfies state certification and licensure requirements while capturing all applicable military prior learning credit.

Four different models for maximizing military credit will be examined in this chapter. Each approach addresses the problem for a different perspective and at a different level, including a multi-state consortium model, a state model, a community college model, and a program-specific model. In each instance, each model provides a different approach to creating crosswalks from military courses to college credit. While each existing model acknowledges the concept that a service member acquires on-the-job experience as a potential advantage for a student to qualify for advance placement and experiential credit, none of the current models grant credit for occupational experience. Service members continually develop their knowledge, skills, and abilities during the performance of their duties in much the same way

that civilian Basic Emergency Medical Technicians (BEMT) learn during their work experience after licensure. Many civilian BEMTs continue to paramedic school and capitalize on the on-the-job skills they have acquired. Many paramedic advisors counsel prospective EMT students to spend a year or more as a civilian BEMT prior to entering paramedic training in order to acquire the additional experience needed that will benefit them during their paramedic year.

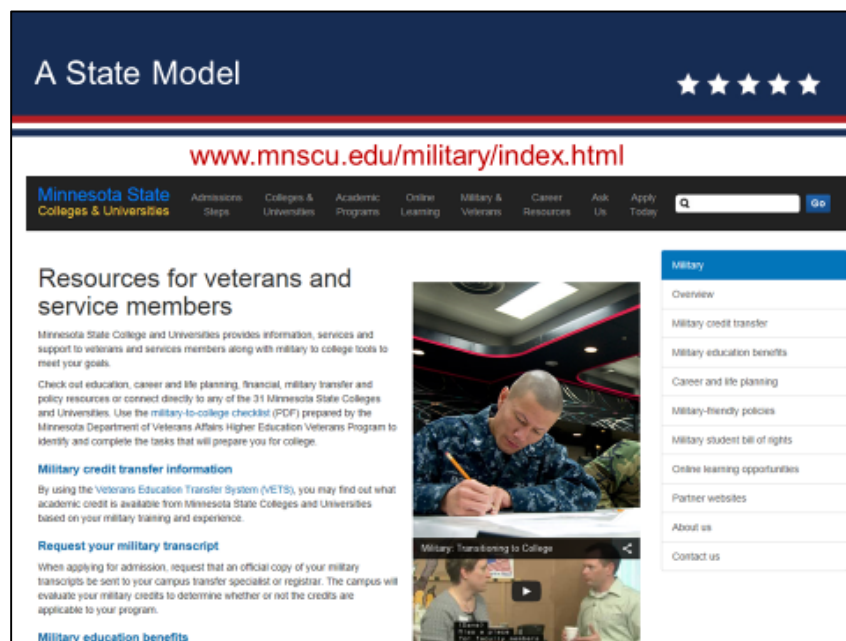
Army medics and Navy corpsman received additional schoolhouse education beyond the Basic Medical Technician Corpsman Program (BMTCP) and Army Basic Healthcare Specialist curriculum requirements, although only Army medics are required to pass the NREMT exam (METC, 2015). Navy corpsmen are strongly encouraged to take the NREMT, but it is not a requirement for assignment as a corpsman. The additional experience serving forward areas including field hospitals, as unit medics and aboard ship allows the service member to gather additional experience with emergency patient care. This occupational experience is documented on the service members JST and the occupational exhibit found in the *Military Guide*. An example of an occupational exhibit can be found in Appendix A. In reviewing the current crosswalk models, there is no evidence that occupational experiential credit has been considered as prior learning credit.

MODEL 1: A STATE MODEL

The Minnesota State System has developed the Veterans Education Transfer System (VETS), an extensive resource for veterans and service members. The tool enables veterans to match military occupation to civilian programs of study located at any one of 31 Minnesota State Colleges and Universities (MNSCU, 2017). The VETS resource is one of several tools

developed by the Minnesota Department of Veterans Affairs, Higher Education Veterans Programs to assist veterans in identifying and completing the steps needed to prepare for college (MNSCU, 2017). The military-to-college checklist used by veteran students includes tips on transitioning from the military to a civilian classroom, study tips, available resources such as counseling, tutoring and the Veterans Resource Center, student organization opportunities, stress reduction, and healthy lifestyle tips.

Acceptance of credit within the Minnesota State System is based on the occupational specialty held in the military. Military schoolhouse credits may or may not apply to the selected program and veteran students are directed to the Credit Transfer Report generated by the college or university for specific information (MNSCU, 2017). The military occupation credit recommendations are based on the credit recommendations put forth by the American Council on Education (ACE).



Source: www.mnscu.edu/military/transfer.html

Figure 4: Minnesota State Colleges and Universities

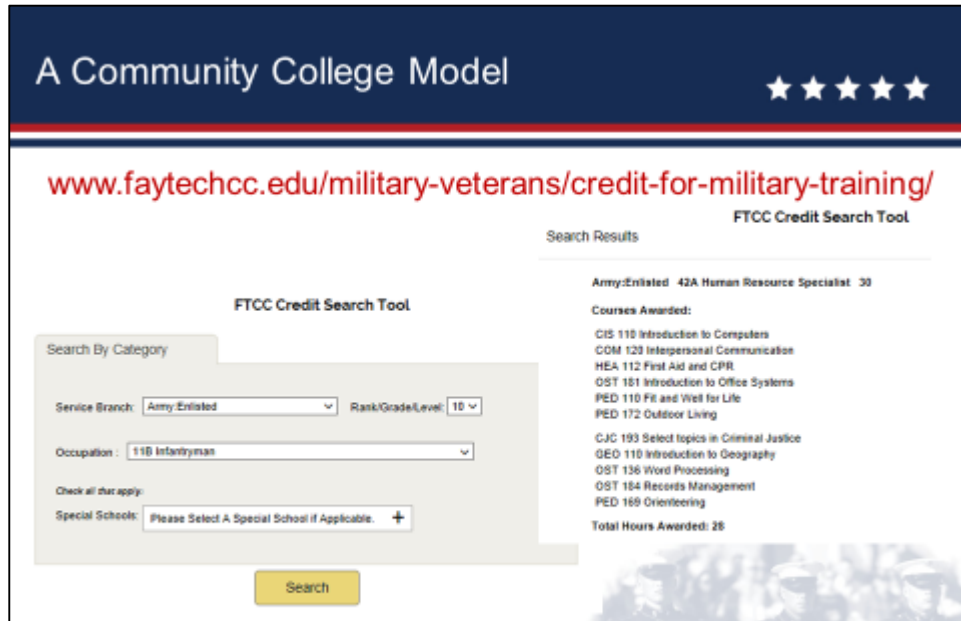
MODEL 2: A COMMUNITY COLLEGE MODEL

Fayetteville Technical Community College (FTCC) is uniquely situated near Fort Bragg, a major joint base schoolhouse for the military and has developed a system that capitalizes on service member military education and training through a credit for prior learning pathway. FTCC offers a self-paced, online format entitled Flex Courses (FTCC, 2017) that provides pathways for shorter completion times to degrees, including preparations for bachelor's degrees.

FTCC has also developed "Transition Tech," a training program for transitioning military service members that is focused on providing industry-focused certificates and credentials that will ease the re-entry into the civilian workforce (FTCC, 2017). These industry specific programs are on average 10–12 weeks in length, but can be completed in less time depending on the service member's MOS and skill level. A credit search tool allows the service member to access a list of FTCC courses that align with individual military training and experience. FTCC has reviewed the credit recommendations by ACE in cooperation with the DoD for over 100 military occupation designators. ACE recommended credits can be applied to over 200 programs of study thereby shortening the time to completion. FTCC takes into account both occupational credit and course work completed by the service member, including any credit received from other colleges and universities. U.S. Army personnel can choose to complete their degree on base at the Fort Bragg Center or online through Flex Courses (FTCC, 2017).

This model is unique to FTCC and is not replicated throughout the state of North Carolina. Currently, FTCC has agreements with thirteen universities to accept all transfer

credits. Students wishing to transfer to schools outside of the university transfer agreement schools are not guaranteed 100% acceptance of transfer credit (FTCC, 2017).



Source: www.faytechcc.edu/military-veterans/credit-for-military-training/

Figure 5: Fayetteville Tech Community College

MODEL 3: PROGRAM-SPECIFIC MODEL

Lansing Community College developed a Military Medic to Paramedic Program pathway to provide opportunities for military medics to shorten the pathway to a paramedic credential from the traditional 13 months to 6 ½ months using the process of slicing the curriculum into one-hour units. The service member was granted experiential credit for those areas of the curriculum that overlapped with the military curriculum and then was able to complete the remaining modules in the shorter timeframe. Student veterans wishing to pursue this course of study had to have a primary MOS of a medic in the military, hold a current National Registry certification for EMT or be registry eligible, and successfully complete entrance competency

examinations in both didactic and psychomotor areas including a demonstration of any paramedic skills acquired while in military service.

Military cohorts were instructed separately from the traditional paramedic students approximately 80% of the instructional time; however, both cohorts were combined for clinical rotations and instruction in Advanced Cardiac Life Support (ACLS), Pediatric Advanced Life Support (PALS), and Basic Trauma Life Support (BTLS). Lansing Community College also developed an Advanced Track Nursing Program for qualified paramedics, Licensed Practical Nurses, and Respiratory Therapists that could be completed in one year instead of the traditional two years. This provided the graduating military medic the opportunity for a stackable degree in Nursing as an additional career pathway that could be accomplished in a significantly shorter time period, providing that the nursing pre-requisites were met.

The screenshot shows a webpage with a dark blue header containing the title "A Program-Specific Model" and five white stars. Below the header, the URL "www.lcc.edu/militarymedic" is displayed in red, followed by the main heading "Military Medic to Paramedic" in blue. A navigation bar contains five tabs: "OVERVIEW", "CAREER FACTS", "CURRICULUM", "RELATED INFO", and "SCHOLARSHIPS". The "Eligibility" section lists two bullet points: "Military medic with 2-years full-time equivalent experience." and "To find out if you're eligible, please submit the following: JST, DD214, and EMT Certification to Michael Welch by emailing him [here](#)." The "Admission Standards" section lists one bullet point: "Students completing Military Medic to Paramedic will be able to apply for the Paramedic to RN upon completion of their paramedic education." with a sub-bullet: "Completion of paramedic education does not guarantee admission into nursing program. Both stages are selective admissions and requires separate applications."

Source: www.lcc.edu/hhs/programs/military

Figure 6: Lansing Community College

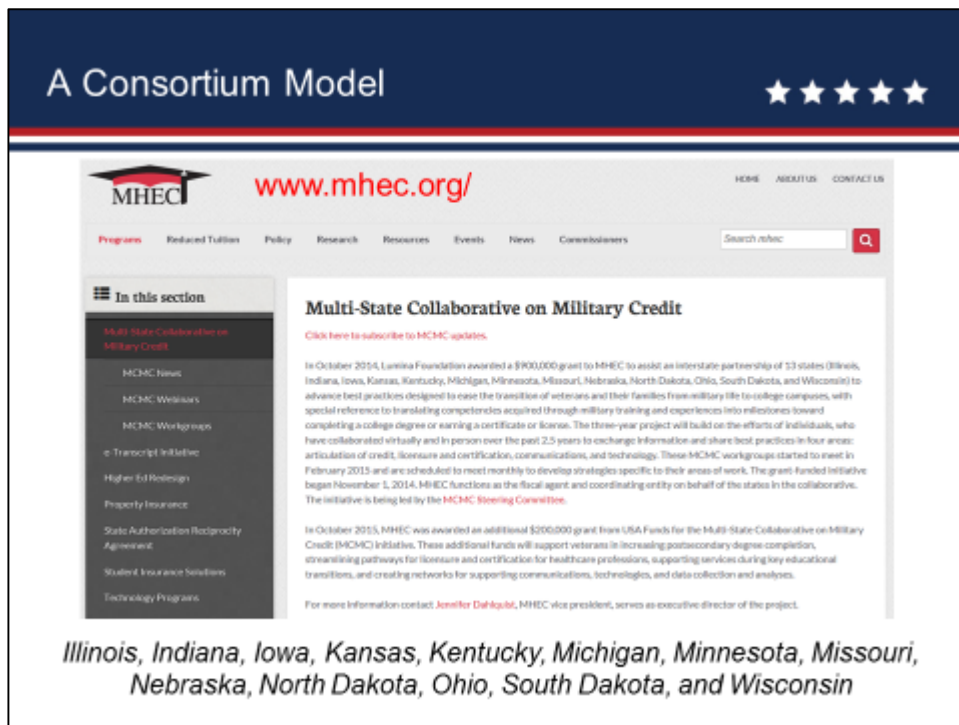
MODEL 4: CONSORTIUM MODEL

The Midwest Higher Education Compact (MHEC) was created in part to “encourage student access, completion, and affordability, facilitate regional academic cooperation and services, and encourage innovation in the delivery of educational services” (MHEC, 2016). The Multi-State Collaborative on Military Credit (MCMC) is a workgroup of the MHEC and has been developing resources for programs, including a military medic to paramedic bridge program that capitalizes on the education and training received in the military to fast-track military medics into the civilian workforce.

The collaborative began work in October 2014 with a \$900,000 Lumina Foundation Grant to support the partnership of 13 mid-western states in a combined effort to institute best practices focused on smoothing the transition of service members and veterans from military schoolhouses to civilian higher education. A primary focus of the consortium was to create a means to translate military competencies to civilian college credit. Four areas of focus included licensure and certification, technology, communications, and articulation of credit.

The MHEC was awarded an additional \$200,000 grant from USA funds to support the MHEC Multi-State Collaborative on Military Credit (MCMC). These funds were dedicated to supporting veterans in streamlining licensing and certification for health care professions, increasing postsecondary degree completion, data collection and analysis, communication and technologies, and supporting service members during transition. A key publication produced by MCMC, entitled *Valuing Military Learning: A Guide to Military Prior Learning Assessment and More* (MHEC, 2016), addresses the challenges and opportunities that student veterans face when returning to civilian higher education including the barriers to receiving military credit.

The MCMC does not have a standard crosswalk to healthcare in place at this writing, but consortium members are currently addressing the challenges to creating one and continue to look for ways to collaborate and standardize the process. MCMC has made some strides in bringing recognition to the challenges that military medics face in transitioning to civilian paramedics as they were instrumental in the passage of the *Veterans to Paramedic Transition Act*. This act was introduced by Senators Kolbuchar and Enzi as part of the Addiction and Recovery Act, which was signed by President Obama in 2016. The act authorizes federal grants to higher education to develop appropriate curriculum to transition medics to paramedics (MCMC, 2016). A copy of the act can be found in Appendix B.



Source: www.mhec.org/multi-state-collaborative-on-military-credit

Figure 7: Multi-State Collaborative on Military Credit

CONCLUSION

While all four examples discussed in this chapter address the challenge of recognizing prior military credit, there is no standard that can be applied universally to higher education. Individual state licensure and certification requirements along with transfer acceptance policies that hinder the recognition of military education, training, and experience credit create a conundrum for the student veteran. Programs such as those at Lansing Community College and Fayetteville Technical Community College have developed crosswalks that are specific to a program or range of college programs, but even these do nothing to address the larger issue of uniformity of military acceptance nationwide.

CHAPTER FOUR: THE MILITARY MEDIC TO PARAMEDIC CROSSWALK MODEL

INTRODUCTION

The military medic to paramedic crosswalk is designed to be applicable to any program of study. It is important to consider that the model was first developed to address the challenge of meeting the need for qualified EMTs and paramedics as a way to address the ever-growing shortage in the profession. As stated in the review of literature, projected job openings will exceed the ability of higher education to provide qualified candidates by the year 2020 (BLS, 2016). As service members return to the civilian workforce they bring a wealth of education, training, and experience. At present, there is no clear national pathway to transition qualified military medics into licensed, civilian paramedics. Earlier, the following six questions were listed as the focal points and goals of this project:

1. How can a curricular crosswalk be created to bridge military training and education to a civilian paramedic license?
2. What prior experiential learning can be identified through crosswalks that will meet equivalencies for college subject-specific courses? (Ex: Anatomy and Physiology)
3. What innovations in curricular design need to be put into place to reach active duty personnel?
4. How can competency testing be utilized to verify prior experiential learning?
5. What stackable degrees can be added to provide alternate opportunities for service members?
6. How would service members and veterans benefit from this model?

This model allows for the application of prior learning and competency-based credit to be applied towards the completion of a paramedic course of study. It demonstrates a replicable pathway to crosswalk military training and education to a civilian paramedic course of study and creates a means to develop a stackable degree pathway. These methods can be applied to many guided pathways of study; however, for this purpose, only the military medic to paramedic course will be discussed. The chapter will conclude with a discussion of how this model could be applied to other programs of study and recognize earned military credit.

OVERVIEW TO THE COURSE EVALUATION PROCESS

The process consists of the following six steps. The sections below describe the following areas by the task and those responsible for completing the task:

1. **Advocate:** Faculty Task Teams — Segmenting Existing Curricula
2. **Assess:** Faculty and Advising Task Teams — Assessing Transcripts
3. **Relate:** Faculty and Program Administration Task Teams — Aligning Outcomes
4. **Evaluate:** Program Task Teams — Evaluating Military Portfolios for Prior Learning Credit
5. **Award:** Program Task Teams — Awarding CBE credit
6. **Map:** Steering Teams — Identifying Curricular Overlap and Module Design

Beginning with examining the existing curricula and breaking each course into one-credit hour modules, the remaining steps are designed to maximize the students' military education, training, and experience as well as design a foundational crosswalk to civilian higher education courses of study. By separating the content into segments or small slices, the model increases the opportunity to identify areas of overlap in the civilian and military curricula that

can be recognized as prior learning credit. This model also has the ability to grant competency-based credit by examination for modules that the service member is qualified to challenge, thereby lessening the time spent in the classroom.

STEP 1, ADVOCATE: FACULTY TASK TEAMS — SEGMENTING EXISTING CURRICULA

To institute this model, the reviewers must first separate out the college course offerings into small, manageable units. Ideally these should be one credit hour (16 contact hours) units. Ideally, faculty task teams made up of faculty content experts should examine both the civilian college curricula and the corresponding military curricula and separate content by similar subject areas. It is important to note that the military curricula do not include instructor materials or student assessments and expected outcomes.

Military curricula for BMTCP and the Army healthcare specialists can be obtained through METC. The civilian curricula can be obtained through individual state EMS offices or through the U.S. Department of Transportation, National Highway Traffic Safety Administration (NHTSA). Additional resources for curricula can be found through the National Registry of Emergency Medical Technicians (NREMT) and the National Association of Emergency Medical Service Educators (NAEMSE). Because all paramedic educational programs in the United States are required to be accredited by the Commission on the Accreditation of Allied Health Education Programs (CAAHEP) through the Committee on the Accreditation of Educational Programs for the Emergency Medical Services Profession (CoAEMSP), these curricula should be already in place within the course offering structure of the institution.

Once the curricula have been mapped to the institutions curricula, areas of overlap and gap areas will become easily identified (See Table 1).



Table 1: Comparison of Civilian and Military Curricula: Paramedic Program Example

SAMPLE CIVILIAN PARAMEDIC CURRICULUM DIVIDED INTO ONE-HOUR MODULES		SAMPLE MILITARY CURRICULUM SHOWING CONTENT GAPS	
Area of Study (16 contact hours per slice)	"Slice"	Area of Study (16 contact hours per slice)	"Slice"
Medical /Trauma	A	Medical Trauma I	
	B	- Foundations of Emergency Care	A
	C	- Basic Trauma	B
	D	- Adv. Pre-Hospital Trauma Life Support	C
	E		
Medical Emergencies	A	Medical Trauma II	
	B	- Special Populations	B
	C	- Advanced EMT Operations	C
	D	- Emergency Preparedness / Mass	D
	E	- Medical Emergencies	E
Cardiology I	A	Cardiology I	
	B		
Cardiology II	A	Cardiology II	
	B		
Pharmacology I	A	Pharmacology I	
	B	- Fund. of Nursing / IV Therapy	A
Pharmacology II	A	Pharmacology II	
	B		
Paramedic Skills I	A	Paramedic Skills I	
	B	- Patient Assessment and Mgmt.	A
Paramedic Skills II	A	Paramedic Skills II	
	B		
Paramedic Clinical I	A	Paramedic Clinical I	
	B	- Patient Assessment and Mgmt.	A
	C		
Paramedic Clinical II	A	Paramedic Clinical II	
	B		
	C		
Paramedic Internship	A	Paramedic Internship	
General Education Requirements		General Education Requirements	
Global Perspectives and Diversity	A	Global Perspectives and Diversity	A
Communications	A	Communications	
Writing (Patient Care Reports / Business)	A	Writing (Patient Care Reports / Business)	A
Human Anatomy and Physiology	A	Human Anatomy & Physiology	A
Human Anatomy and Physiology Lab	A	Human A & P Simulation Lab	A

STEP 2, ASSESS: FACULTY AND ADVISING TASK TEAMS — ASSESSING TRANSCRIPTS

Faculty and advising task teams are the key decision-makers for transcript evaluation. It is essential that program specific faculty who are intimately familiar with the requirements for the completion of a course of study as well as certification and licensing regulations are team

with advising staff until such time as the advising staff become content experts in a particular program. It is essential to engage faculty who are subject-matter experts and are intimately familiar with the requirements for the program of study. This should include knowledge of any appropriate licensing and certification requirements. The advising staff should bring experience working with military transcripts and external resources. The collaboration of faculty and advising members will bridge the knowledge breath, depth, and scope of the team, which is tantamount to the successful review of military transcripts. The faculty member and advisor work together to examine the service members' JST and the *ACE Military Guide*. The JST includes all of the course work obtained by the individual, as well as all of the occupations held during his or her time of service. This step is important because it identifies potential areas for prior learning credit. Below is a sample from a JST with an Army medic MOS. A full-length sample of the JST can be found in Appendix C.

****OFFICIAL****

Name: Army Sample

SSN: 000-00-0000

Rank: Specialist (E4)

Status: Separated

Transcript Sent To:
American Council on Education ACE
Office of Admission

Military Courses

Military Course ID	ACE Identifier Course Title Location-Description-Credit Areas	Dates Taken	ACE Credit Recommendation	Level

300-68W10	AR-0709-0065 V04	23-JUN-2008	to	16-OCT-2008	
Health Care Specialist: AMEDD Center & School					
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Page 2 of 4					
Fort Sam Houston TX					
Upon completion of the course, the student will be able to provide basic emergency medical care for critical and emergency patients, consistent with the 1998 Department of Transportation National Standard curriculum for EMT; exercise standard curriculum for EMT; exercise standard precautions; understand basic principles of anatomy and physiology; perform basic patient assessment; assess the critical trauma patient; intervene on life threats; utilize basic EMS equipment; access emergency resources; and prepare and package patients for transport.					
• Basic Pharmacology			2 SH		L
Fort Sam Houston TX					
Upon completion of the course, the student will be able to provide basic emergency medical care for critical and emergency patients, consistent with the 1998 Department of Transportation National Standard curriculum for EMT; exercise standard curriculum for EMT; exercise standard precautions; understand basic principles of anatomy and physiology; perform basic patient assessment; assess the critical trauma patient; intervene on life threats; utilize basic EMS equipment; access emergency resources; and prepare and package patients for transport.					
• Basic Pharmacology			2 SH		L
• Cardiopulmonary Resuscitation			1 SH		L
• Clinical Internship			1 SH		L
• Emergency Medical Technician Basic			16 SH		L
• Field Experience			3 SH		L
• Pre-Hospital Trauma Life Support			3 SH		L
• Primary Care and Prevention			3 SH		L
(5/10)(5/10)					
Military Experience					
Occupation ID	ACE Identifier	Dates Held	ACE		
	Title		Credit Recommendation	Level	
	Description-Credit Areas				

Figure 8: Sample Joint Services Transcript

The military course number for the military medic is 300-68W10. This is followed by the ACE course number AR-0709-0065 V04. When the Faculty and Advising Task Team reviews these transcripts, it is essential that the ACE number be entered into the *Military Guide* database in order to obtain a complete understanding of the course content, assessments, and outcomes. An example of an ACE Course Exhibit can be found in Appendix A.

The *Military Guide* can be located at the ACE-Net website, www.acenet.edu/militaryguide/CourseSearch.cfm. ACE contracts academic faculty from nationally accredited institutions to determine the academic credit recommendations. Therefore, all course materials

including course planning tools, textbooks and handouts, validity and reliability of assessments, rubrics and grading criteria, instructor and student guides, instructional materials, laboratory projects, specialized training labs, and military instructor qualifications are included as part of the review process. Military instructors must meet the same licensure or certification level as their civilian instructor counterparts.

The JST is an academically accepted document that validates a service member's occupational experience and formal military training along with the corresponding ACE credit recommendations. It is owned and issued by the Army, Marine Corps, Navy, and Coast Guard. ACE supplies data that populates the JST and performs quality checks on the transcript, but ACE cannot make changes to this document; only the applicable service representatives are allowed to update information on the document. The benefits of JST include an increased return on investment, uniformity and centralization, and the alignment of service-specific information.

The JST also provides the continuity of one official transcript tool due, in part, to the critical data integrity that is mandated as part of the ACE review process. The ACE process is committed to reviewing formal and official documents for both courses and occupations, comparing them to the service specific systems and validating dates and key data parameters. The rigor and review of the process follows suit to align the service specific education to comparable civilian post-secondary coursework and provide credit recommendations based on the faculty team findings.

The JST also provides a critical database alignment because each service owns their own registration system. The JST also synchronizes with the service member's personnel record, yet another data system, and then that aligns with the *Military Guide*, which houses the evaluation

of courses since 1954 and occupations since 1974. The JST undergoes multiple check points to provide validation support, and each service has key policies that align with their mission standards. ACE also provides quarterly quality assurance and quality control checks on the JST. It is important to note that the JST was created as a merge of the AARTS/SMART/CGI transcripts. The JST does not include the Air Force. The Air Force courses earn credit through the Community College of the Air Force, a federally-chartered community college and regionally accredited through SACS. The credit recommendations made by ACE regarding course reviews must be after a consensus has been reached with at least three faculty reviewers that are content experts in the course of study being reviewed. After a review of the service member's JST, enter the ACE ID number of the military course that is being reviewed. For example, Army course AR-0709-0065 is the Army course for the Army Medic. Figure 9, below, shows the ACE database where this information is entered. Entering the ACE ID number into the appropriate box on the search page will allow the task team to view and evaluate the entire course exhibit.

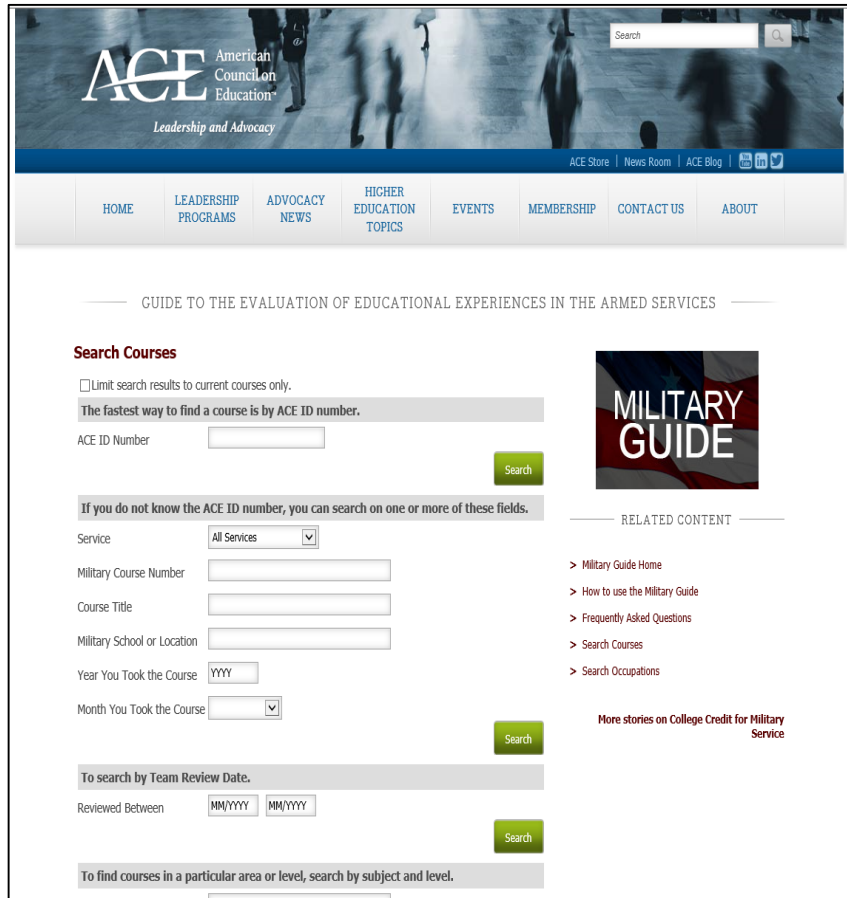


Figure 9: ACE Military Guide Search Page

STEP 3, RELATE: FACULTY AND PROGRAM ADMINISTRATION TASK TEAMS — ALIGNING OUTCOMES

The team responsible for this step should consist of the program faculty and program director. The program directors are an essential component to this step, as they are instrumental in course design offerings and structure. This step is to review the learning outcomes, instructional techniques and clinical matrix, and credit recommendations on the *Military Guide* (ACE, 2016). Additional data including contact hours, how courses compare to earlier versions of the course, where the course was taught, and when the course was reviewed can be found by downloading the list of courses with the same root number. For example, AR-

0709-0065, Healthcare Specialist has four versions. An advisor can review all four versions by completing a download of the list as shown in Figure 10.

IMPORTANT: Index-level Data Reports ★★★★★

40 Courses Found Search Again Print Page **Download List**

Show entries Filter Results:

ACE ID	Start Date	End Date	Team Rev'd	Title
AF-1715-0951	04/01/2007	Present	05/2008	Basic Communications Officer Training (4/07-Present)
AR-0326-9663	10/01/2012	Present	07/2013	Army Acquisition Foundations (10/12-Present)
AR-0419-8656	01/01/2006	Present	12/2007	Strategic Deployment Planning (1/06-Present)
AR-1902-9241	01/01/2013	Present	07/2013	Network Management Technician Warrant Officer Advanced (1/13-Present)
AR-1902-9275	05/01/2013	Present	07/2013	Signal Warrant Officer Staff Follow-On (5/13-Present)
AR-1402-9277	10/01/2012	Present	07/2013	Information Services Technician Warrant Officer Advanced (10/12-Present)
AR-1403-9256	10/01/2009	Present	03/2010	Capabilities Developments (10/09-Present)
AR-1406-9218	10/01/2004	Present	05/2006	Air Defense Artillery Senior Leader (SLC) (10/04-Present)
AR-1408-9213	10/01/2009	Present	01/2010	Field Artillery Captains Career (10/09-Present)
AR-1408-9343	10/01/2012	Present	07/2011	Senior Technical Engineer NCO Senior Leader (10/12-Present)
AR-1601-9117	10/01/2009	Present	03/2010	Construction Engineer Supervisor, Senior Leader (SLC) (10/09-Present)
AR-1601-9121	03/01/2005	Present	04/2008	Construction Equipment Supervisor (ALC) (3/05-Present)

Exports to Excel

ACE ID	Course(s)	Team Rev'd	Title	Length(s)	Start	End	Location(s)
NV-1719-0126	A-719-B011	01/13	Advanced Builder	16 weeks (480 hours)	01/13	Pres	Construction Training Center, Gulfport, MS Construction Training Center, Fort Huachuca, CA
DD-1408-0818	PCM 301	04/13	Advanced Production, Quality, and Manufacturing	2 weeks (50 hours)	01/13	Pres	Defense Acquisition University, Various locations in the Continental US
AR-2201-0807	3-44-C20P1 3-44-C20	05/13	Air Defense Artillery Basic Officer Leader, Phase II Resident	15 weeks (563 – 588 hours)	06/13	Pres	Air Defense Artillery School, Fort Bliss, TX
AR-1406-0218	9-14-C42 9-14-C46	05/13	Air Defense Artillery Senior Leader (SLC)	5 weeks (228 hours)	16/13	Pres	Reserve Component Training Centers, US WCO Academy, Fort Bliss, TX WCO Academy, Fort Sill, OK
AR-2201-0538	9-14-C45	01/13	Air Defense Artillery, Advanced Leader (ALC)	5 weeks (240 hours)	16/13	Pres	WCO Academy, Fort Bliss, TX WCO Academy, Fort Sill, OK
AR-0326-0953	80-F49551-51C38	01/13	Army Acquisition Foundations	3 weeks (193 hours)	16/13	Pres	Army Acquisition Center of Excellence, Huntsville, AL
AF-1715-0951	ES0BR38513A1A	06/13	Basic Communications Officer Training	5 weeks (208 hours)	04/13	Pres	333rd Training Squadron, Keesler AFB, MS

Figure 10: Aligning Outcomes Across Course Versions

Each credit hour recommended by ACE is based on a lecture hour ratio of sixteen contact hours to one credit hour. In the case of laboratory skills or clinical experience credit, a ratio of forty-eight contact hours to one credit hour is recommended (ACE, 2016). Course exhibits can be printed and included in the students' academic record as evidence of prior learning credit. An example of a course exhibit can be found in Figure 11, below.

The screenshot shows the ACE website header with the logo and navigation menu. The main content area is titled "GUIDE TO THE EVALUATION OF EDUCATIONAL EXPERIENCES IN THE ARMED SERVICES". Below this, a "Course Exhibit" is displayed for "AR-0709-0065 v4". The exhibit details include the title "HEALTH CARE SPECIALIST", course number "300-68W10", location "Medical Department Center and School, Fort Sam Houston, TX", length "16 weeks (662 hours)", and exhibit dates "10/07–Present". The "Learning Outcomes" section describes the student's ability to provide emergency medical care. The "Instruction" section lists the course topics and methods. The "Credit Recommendation" section specifies the credit hours and requirements for the course. The "Related Occupations" section lists "91W". A footer note states "THIS PAGE WAS LAST UPDATED ON 03/12/2015".

Figure 11: ACE Course Exhibit with Learning Outcomes and Credit Recommendations

STEP 4, EVALUATE: PROGRAM TASK TEAMS — EVALUATING MILITARY PORTFOLIOS FOR PRIOR LEARNING CREDIT

The next area of focus is the education, training, and experience that the service member has acquired while functioning as a military medic. Program Task Teams should include program faculty, advisors, and program directors, and it is recommended that an instructional designer also be included. Again, a review of the JST will identify the specific Military Occupational Specialty or MOS for the Army and Marine Corps, and the specific occupation

rating for the Navy and Coast Guard. ACE credit recommendations for on-the-job education are determined after faculty evaluators review the respective branch of service standards and expectations and conducts interviews with currently serving military representatives of a given occupation. During the occupational review process, ACE faculty teams interview service members with a focus on identifying the job expectations at each pay grade or skill level where the education and training was acquired solely on the job and not in the classroom. This process also includes clarifying and validating official military documentation including occupations manuals, task standards, and job description details. The ACE team of evaluators determine if the job knowledge, skills, and abilities learned above and beyond formal military training are at postsecondary level. An example of a JST with an ACE reviewed occupation is shown below. The occupation reviewed is that of a Healthcare Specialist (68W10). A sample ACE Occupation Exhibit can be found in Appendix A.

(1/77)(1/77)		
68W10 Primary	MOS-68W-001	30-APR-2012
<p>Health Care Specialist:</p> <p>Supervises field and clinical medical facilities; assists with technical and administrative management of medical treatment facilities under supervision of physician, nurse, or physician's assistant; administers emergency and routine outpatient medical treatment to battle and nonbattle casualties; assists with outpatient care and treatment. Administers emergency treatment in the field; assists with outpatient and inpatient care; maintains health records and clinical files; assists with nursing care of patients including medical examinations; takes and records temperature, pulse, respiration, and blood pressure; applies and removes surgical, wound, or skin dressings; collects and prepares specimens for analysis; assists in clinic and dispensary; performs routine admission tests; administers immunizations; assists with treatment of patients with common diseases; provides emergency medical care; surveys and sorts casualties; determines requirements for and administers emergency treatment; assists with triage of mass casualties; performs duties related to emergency care.</p>		
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Figure 12: JST Example of a Military Occupation

The evaluation of occupational specialty experience, time in service, location of service, and job responsibilities are considered in the discussion of credit recommendations by the

Program Task Team. All of the credit recommendations identified by ACE are based on college equivalencies and can be found in current college and university course offerings; however, it is up to the Program Task Team to identify the exact fit at a particular institution. It is important to note that the credit recommendations made by ACE regarding occupation reviews must be after a unanimous consensus has been reached by the faculty review team.

STEP 5, AWARD: PROGRAM TASK TEAMS — AWARDING CBE CREDIT

The next phase of the review process includes the evaluation and awarding of competency-based education (CBE) credit. Creating a CBE option can be accomplished by leveraging pre-existing resources to develop a pathway for service members and veteran students to challenge existing course offerings. It is important to consider the implementation of a competency-based education model when identifying the potential gaps in a service members' academic preparation. Competency based testing or course mastery testing can be used to allow service members to place out or bypass certain coursework by providing a non-traditional option for meeting course requirements. Additionally, if the student veteran is a reservist or National Guard, CBE would allow student veterans to complete coursework while deployed, thereby recognizing the dual obligations of service to country and achieving a degree, as well as offer realistic extensions for coursework completion. CBE programming also takes into account the unique life experiences of student veterans.

After all of the recommended credit has been assessed and subject areas identified as matching existing college courses, an overlay of the military learning outcomes onto the civilian curriculum and the removal of any duplication of content will result in the determination of

what gaps exist between the two sources. By reducing the college curriculum down to one-credit-hour slices, it becomes a matter of identifying what remaining content should be housed in each remaining module.

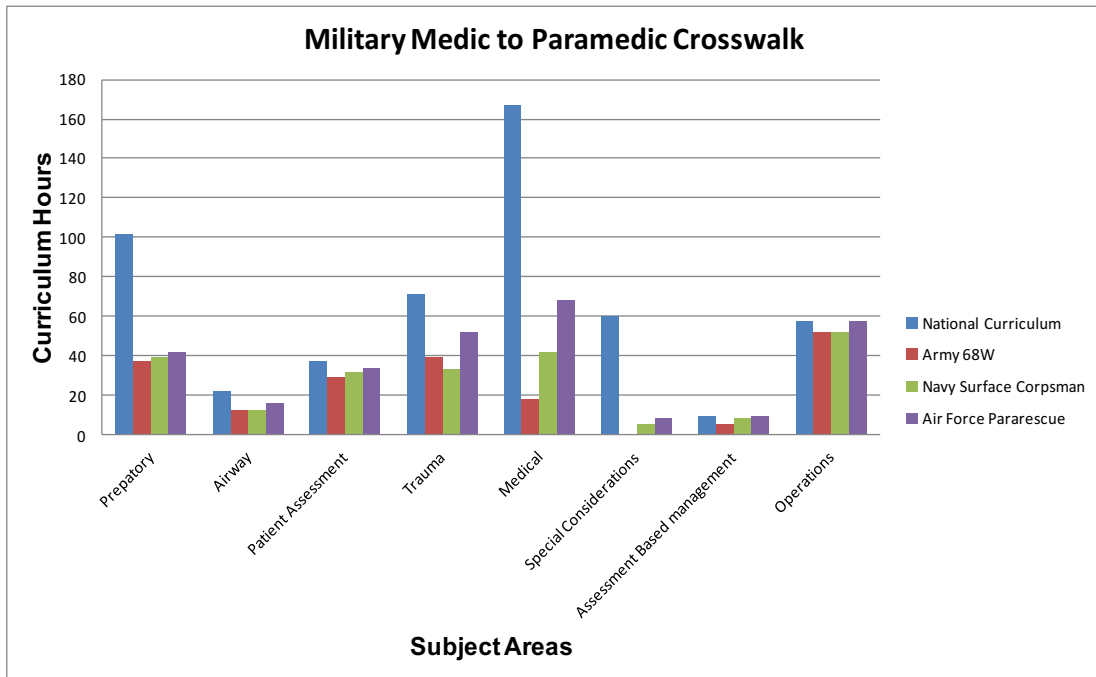


Figure 13: Military Medic to Paramedic Crosswalk

STEP 6, MAP: STEERING TEAMS — IDENTIFYING CURRICULAR OVERLAP AND MODULE DESIGN

The Steering Team should consist of representatives from the college or university standing curriculum committee, an instructional designer, the program director, and a faculty representative. Ideally the instructional designer, program director, and representative faculty member would have already been involved in the process as members of other task teams. The final step is to grant and document prior learning credit for the overlap in curriculum per institutional guidelines. This may be in excess of the ACE credit recommendations if the review of evidence shows a clear indication for additional credit. For example, a service member with

considerable on-the-job experience may be granted additional credits in a skills laboratory or clinical requirement. In addition, programs of study should consider utilizing institutional exams to provide opportunities for additional competency based credit. It is also important to review the service member's entire portfolio of both military education and occupational experience. The locations where a service members have been stationed, the number of deployments they have been on, and the responsibilities they were tasked with during those deployments will require that a comprehensive examination of all of the components of their experience be taken into account. A review of the individual's portfolio is yet another opportunity to assess military education and experience and provide prior learning credit where indicated.

Some challenges do exist when designing bridge courses in the healthcare field, especially in the field of Emergency Medical Services. While the majority of military medics have a significant amount of field experience, this experience may not translate into experience on an ambulance or in a civilian hospital emergency department. Opportunities must be included into the clinical portion of the design process to address this issue. Excluding the specialties of Army and Navy Cardiovascular and Air Force Cardio Pulmonary Technician, military medics have a limited amount of training in cardiology; however, advanced military medics (e.g., Air Force Independent Duty Medic Technicians and Navy Independent Duty Corpsman) receive significant training in advanced physician assistant skills that are far beyond the knowledge necessary for civilian paramedic licensure. Military medics are trained extensively in trauma management and trauma care and, as a result, a very small gap exists between the military curriculum and the civilian curriculum, as is reflected in the figure discussed previously. Depending on the occupational experience, military medics may lack in-

depth exposure and instructional time in anatomy and physiology, as well as exposure to pediatrics, geriatrics, and women's health. While a gap exists in the instructional military curriculum, occupational duty stations may allow exposure to non-traditional areas (i.e., pediatrics), to a level of competency consistent with the curricular standards; therefore, it is essential to review the occupational area of the JST as well as conduct face-to-face interviews during the candidate selection process. Additional information regarding occupation descriptions and suggested credit recommendations can be found on the *ACE Military Guide*, in the Occupation Search area (ACE, 2026).

If an institution desires to forgo the process of competency assessment of prior learning, it is possible to repackage the curriculum that remains after the gap analysis and create a separate, custom-designed course of study to address gaps between the military education and experience and the civilian curriculum into instructional modules that can be delivered through a variety of platforms, including on-line, blended classrooms, face-to-face sessions, clinical experiences, and skills laboratory opportunities.

CONCLUSION

Many post-secondary institutions must face the reality that in many instances, military education, training, and experience are directly equivalent to traditional college coursework. The six-step crosswalk model of Advocate, Assess, Relate, Evaluate, Award, and Map provides a standardized, replicable vehicle to maximize military credit with traditional degree completion. Each step provides strategies that institutions can employ to assist military service members

and veterans avoid having to repeat mastered coursework and hasten their journey towards successful degree completion, certification, and licensure.

Some institutions may have to undergo a significant cultural paradigm shift when cross-walking military courses. Traditional classroom learning outcomes and non-traditional military instruction do accomplish the same measureable mastery by the student. There will be a necessary time commitment from institutional faculty, staff, and administration during the crosswalk process, and the process may require some additional funding. However, each course of study that is cross-walked creates an opportunity for the institution to provide pathways to success for military students that capitalize on military prior learning.

CHAPTER FIVE: CONCLUSIONS, IMPLICATIONS, AND FUTURE DIRECTIONS

INTRODUCTION

While models such as the Consortium, State, Community College, and Program examples address a means to maximize military education, training, and experience for a specific area in higher education, no one replicable, standardized model exists that can be applied to all programs of study. While the Advocate, Assess, Relate, Evaluate, Award, and Map crosswalk model presented here used the military medic to paramedic program of study as an example, the same model can be applied to any career path. This model is ideal for any program because it is easily adaptable, using existing college faculty and staff with very little additional financial commitment. The ACE review process eliminates the necessity for individual institutions to review military curricula to begin the cross-walking process. The *Military Guide* identifies learning outcomes and methods of assessment for the institution; therefore, the only task remaining for the institution is to identify what courses will align with military education and experience. The model presents a comprehensive guide to cross-walking military education and experience to existing higher education programs of study, providing the student veteran with a shortened path to degree completion.

LIMITATIONS AND ASSUMPTIONS

The American Council on Education (ACE) reviews and recommends transferable credit for military training; the scope of the recommendation is based on course content, instructor

materials, assessment tools and rubrics, and writing samples. Additional credit for experiential learning such as deployment or on-the job training is considered through the process of occupational reviews beginning in 1972 (ACE, 2017). Cathy Sandeen, ACE's Vice-President for Education, acknowledges that students can lose focus if what they are asked to do feels redundant: "If you have to enroll and repeat what you already know — and in this day and age also pay for that — it's a disincentive. The more we can, in a quality way and abiding by academic standards, provide individuals with credit for the training they've already received, the more we can smooth the pathway in and through postsecondary education programs" (Sandeen, as cited in Boerner, 2013, p. 22). While ACE representatives recognize the need to provide credit for experiential learning, there has been little progress by higher education to establish consistent standards for the recognition of non-traditional classroom education and training. This model is presenting a means to establish those standards.

The Servicemembers Opportunity Colleges (SOC) Consortium was established in 1972 in answer to the challenges encountered by service members seeking college degrees. Because service members frequently move from place to place it becomes difficult to complete a college degree due to the residency requirements of institutions. More than 1,700 consortium members that have agreed to the following: reduced academic residency of no more than 25% of the degree requirements and no final year or semester in residence; flexible transfer of credit from one institution to another; recognition of nationally-recognized testing programs, such as the College Level Examination Program (CLEP) and the Excelsior College Examinations (ECE); and credit for military training and experience as defined by ACE. What is lacking from this consortium is the recognition of prior experiential learning credit. Even the Degree Network

System (DNS), a sub group of SOC that is made up of institutions selected by the Military Services to deliver specific associate and bachelor's degree programs, does not take into account experiential learning and experience outside of what is recommended by ACE.

CHALLENGES TO THE CROSSWALK PROCESS

The development of a crosswalk process involves teamwork between faculty, advisors, and administration. Course instructional hour alignment may be a challenge given the military teaching format and the high use of simulation training. In addition, creating the timeline of program of study crosswalk and the possibility new course creation to meet curricular holes is challenging. However, research has shown that the retention and completion rate of military service members and veterans increases with the awarding of prior experiential credit.

ADDITIONAL SUPPORT AT THE NATIONAL AND STATE LEVEL

Support for this type of model is increasing at both the national and state level. Many government programs have been created to help with career transitioning, such as the Veteran Retraining Assistance Program (VRAP); Transition Assistance Program (TAP) — now known as the Transition GPS (Goals, Plans, Success) Program; and the Job Training, Employment Skills Training Apprenticeships, and Internships (JTEST-AL) Program for eligible service members. The DoD instruction 1322.29 includes policy, criteria, and procedures related to JTEST-AL with clear parameters with regard to service member eligibility, and terms of training experience — at no cost to any government agency. The JTEST-AL experience must offer a high probability of post-service employment with employers and offer enrollment at no cost or minimal cost to eligible service members (DoD, 2011). According to the National Veteran Education Success Tracker

Project (NVEST) conducted by the Student Veterans of America (SVA), 453,000 service members and veterans have earned degrees and certificates using the Post 9/11 GI Bill since 2009, and additional 1.4 million degrees will be earned in the next ten years (Lyon, J., Schmeling, J., Cate, C., & Bogue, B., 2017). Public college and university enrollment account for 56% of all GI Bill students and account for 64% of the total degree completions. Private colleges and universities, along with proprietary schools, account for 46% of enrollment and 35% of degree completions. The overall success rate for service member students is 72% with a 28% attrition rate (Lyon, J. et al., 2017). Health Professions accounted for the second highest number of degrees conferred with only Business Management and Marketing granting more.

The National Association of Emergency Medical Technicians (NAEMT) stated in a June 2014 position paper that the organization “supports the development and funding of military medic to civilian paramedic transition programs that will allow active duty and veteran military medics to incorporate their military medical training as a significant portion of their civilian paramedic training” (NAEMT, 2014, p. 1).

A Memorandum of Understanding between the National Association of State Emergency Medical Services Officials (NASEMSO) and the State Emergency Medical Services Authorities of the States and the District of Columbia and Territories is in the process of being signed that signifies the commitment to work closely with training and education institutions with nationally accredited EMS programs to encourage “bridge” programs that recognize education, training, and experience of military service members, veterans, and spouses, and provide opportunities for those requirements to be met in a condensed time and through methods that include technology for improved access (NASEMSO MOU, 2015; see Appendix D).

CONCLUSION

Active military and veterans come from a different educational background and are part of the increasing population of the non-traditional student population in higher education. High-demand areas such as healthcare and information technology continue to grow in the workplace. When an institution recognizes the depth and breadth of military education, training, and experience and awards academic credit that is directly applicable to a program of study, military students are able to leverage their experience to attain degree completion, certificate, or licensure, and ultimately employment expeditiously. It is important that higher education prepare individuals for successful employment after graduation.

The Concept Model for Transitioning Military Experience to College Credit provides a pathway to acknowledge and apply the credit earned in the military to comparable college curricula. The model can be adapted to many programs of study and provides a comprehensive approach that can be utilized by many institutions using resources already available. It will require cooperation across divisions and departments and traditional intra-divisional barriers may need to be broken down. Applying the crosswalk model to curricular development will benefit military students, and it may also lead to opening avenues for other non-traditional students with prior experiential learning portfolios to seek degrees, certificates, and licensure.

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APPENDIX A: MILITARY GUIDE SAMPLE OCCUPATION AND COURSE EXHIBIT FOR
ARMY MEDIC

Occupation Exhibit

MOS-68W-001

HEALTH CARE SPECIALIST

68W10
68W20
68W30
68W40
68W50

Exhibit Dates: 10/06–12/14.

Career Management Field: 68 (Medical).

Description

Summary: Supervises field and clinical medical facilities; assists with technical and administrative management of medical treatment facilities under supervision of physician, nurse, or physician's assistant; administers emergency and routine outpatient medical treatment to battle and nonbattle casualties; assists with outpatient care and treatment. **Skill Level 10:** Administers emergency treatment in the field; assists with outpatient and inpatient care; maintains health records and clinical files; assists with nursing care of patients including medical examinations; takes and records temperature, pulse, respiration, and blood pressure; applies and removes surgical, wound, or skin dressings; collects and prepares specimens for analysis; assists in clinic and dispensary; performs routine admission tests; administers immunizations; assists with treatment of patients with common diseases; provides emergency medical care; surveys and sorts casualties; determines requirements for and administers emergency treatment; assists with triage of mass casualties; performs duties related to emergency care. **Skill Level 20:** Able to perform the duties required for Skill Level 10; administers emergency and routine medical treatment to casualties, including minor surgery and IV fluid administration; assists with outpatient care and supervises outpatient facilities under the supervision of a physician, nurse, or physician's assistant; establishes priorities for medical emergency care; stabilizes patients and accompanies them to medical facilities; provides guidance and supervision to subordinates. **Skill Level 30:** Able to perform the duties required for Skill Level 20; supervises activities in dispensaries, large clinics, and field medical services; coordinates activities of clinic with medical treatment facility; supervises ordering of supplies; determines personnel requirements; conducts training programs. **Skill Level 40:** Able to perform the duties required for Skill Level 30; supervises paraprofessional medical service activities in large fixed and mobile treatment facilities; coordinates activities of wards, clinics, and combined medical care facilities; maintains intelligence information and records. **Skill Level 50:** Able to perform the duties required for Skill Level 40; serves as the principal noncommissioned officer of staff sections, hospitals, other medical facilities, or service teams; serves on special boards and councils incident to medical service activities; supervises general administrative functions in a medical or treatment facility; supervises activities within the Army medical department or multifunctional medical staff activities; assists command surgeon in technical supervision of subordinate activities; evaluates personnel and the operational effectiveness of medical facilities; advises superiors on medical administrative matters; keeps official records and patient files; establishes report control systems; prepares periodic and special reports concerning assigned personnel, patients, and medical care and treatment; makes recommendations for improving working procedures and conditions; evaluates training programs and requirements; determines requirements and adequacy of medical service supporting elements such as ambulance, supply, and transportation.

Recommendation, Skill Level 10

Credit may be granted on the basis of an individualized assessment of the student (9/04)(10/07).

Recommendation, Skill Level 20

Credit may be granted on the basis of an individualized assessment of the student (9/04)(10/07).

Recommendation, Skill Level 30

In the lower-division baccalaureate/associate degree category, 3 semester hours in introduction to anatomy and physiology, 3 in nursing fundamentals, 3 in basic emergency medical procedures, 3 for field experience in medical emergency procedures, 10 in clinical experience, 3 in personnel supervision, and 3 in records and information management (9/04)(10/07).

Recommendation, Skill Level 40

In the lower-division baccalaureate/associate degree category, 3 semester hours in introduction to anatomy and physiology, 3 in nursing fundamentals, 3 in basic emergency medical procedures, 3 for field experience in medical emergency procedures, 10 in clinical experience, 3 in personnel supervision, and 3 in records and information management. In the upper-division baccalaureate degree category, 3 semester hours in organizational management and 3 for field experience in management (9/04)(10/07).

Recommendation, Skill Level 50

In the lower-division baccalaureate/associate degree category, 3 semester hours in introduction to anatomy and physiology, 3 in nursing fundamentals, 3 in basic emergency medical procedures, 3 for field experience in medical emergency procedures, 10 in clinical experience, 3 in personnel supervision, and 3 in records and information management. In the upper-division baccalaureate degree category, 3 semester hours in organizational management and 6 for field experience in management (9/04)(10/07).

Course Exhibit

AR-0709-0065 v4 \$

Title: HEALTH CARE SPECIALIST !

Course Number: 300-68W10. !

Location: Medical Department Center and School, Fort Sam Houston, TX. !

Length: 16 weeks (662 hours). !

Exhibit Dates: 10/07–Present. !

Learning Outcomes: Upon completion of the course, the student will be able to provide basic emergency medical care for critical and emergency patients, consistent with the 1998 Department of Transportation National Standard curriculum for EMT; exercise standard curriculum for EMT; exercise standard precautions; understand basic principles of anatomy and physiology; perform basic patient assessment; assess the critical trauma patient; intervene on life threats; utilize basic EMS equipment; access emergency resources; and prepare and package patients for transport.

Instruction: Audiovisual materials, practical exercises, discussion, case studies, classroom exercises, laboratory, lecture, and computer-based training. General course topics include standard precautions, patient assessment, IV theory, basic pharmacology, trauma treatment and transport according to Pre-Hospital Trauma Life Support (PHTLS), perform duties as a field or clinical EMT, and airway management from basic through intermediate (King LT).

Credit Recommendation: In the lower-division baccalaureate/associate degree category, 16 semester hours in emergency medical technician basic, 2 in basic pharmacology, 3 in Pre-Hospital Trauma Life Support, 1 in clinical internship, 3 in field experience, 3 in primary care and prevention, and 1 in cardiopulmonary resuscitation (CPR) (5/10)(5/10).

Related Occupations: 91W.

APPENDIX B: THE *VETERANS TO PARAMEDICS TRANSITION ACT*

The Veterans to Paramedics Transition Act

Sponsored by: Senators Klobuchar and Enzi

Problem

Thousands of the brave men and women who serve in our military receive emergency medical training as part of their duties. These service members return home with valuable skills and the need for good jobs. There is significant demand for high-quality medical care, especially in our rural communities. Unfortunately, when veterans return to civilian life their military-based medical training is often not counted toward training and certification for civilian medical personnel positions. Many existing programs require those seeking certification to begin with an entry-level curriculum. For veterans, this means spending extra time and money for training they have already received.

Fixing the Problem

Senator Klobuchar and Senator Mike Enzi (R-WY) worked to include legislation to streamline civilian emergency medical training in the *Comprehensive Addiction and Recovery Act*, which was signed into law by President Obama on July 22, 2016. The *Veterans to Paramedics Transition Act* will make it easier for veterans to secure jobs as paramedics, emergency medical technicians, and nurses and help reduce the shortage of much-needed emergency medical personnel in rural communities across the country. Specifically, this legislation would accelerate and streamline the transition to civilian employment for returning veterans who already have emergency medical training. The bill would authorize federal grants for universities, colleges, technical schools, and State EMS agencies to develop an appropriate curriculum to train these veterans and fast-track their eligibility for paramedic certification.

Endorsements

This legislation has been endorsed by the American Ambulance Association, the Minnesota Ambulance Association, and the National Rural Health Association.

APPENDIX C: SAMPLE OF COMPLETE JOINT SERVICES TRANSCRIPT

(Note: The following sample was generated for demonstration purposes and does not include personal information or data specific to any one individual.)

ENDORSEMENT .

All JST transcripts are certified by the American Council on Education (ACE). The descriptions and college credit recommendations on the transcripts are extracted from the ACE **Guide to the Evaluation of Education Experiences in the Armed Services**. The Summary and the Academic Institution Courses page are addendums to the JST transcript and are provided for your information and academic advisement, but have not been certified by ACE. Please address questions concerning the ACE descriptions, credit recommendations, or pending evaluations to:

DIRECTOR OF MILITARY PROGRAMS !
CENTER FOR EDUCATION ATTAINMENT AND INNOVATION !
AMERICAN COUNCIL ON EDUCATION
ONE DUPONT CIRCLE NW SUITE 250
WASHINGTON DC !
20036-1193 !

PERSONAL DATA !
TO BE TREATED IN A CONFIDENTIAL MANNER !
USE IS RESTRICTED !

When not in use, document must be stored in a locked cabinet or secure area. Document must be !
disposed of properly. Employees who violate the privacy safeguards may be subject to
disciplinary actions, a fine up to \$5,000 or both. (P.L. 93-579) !

JOINT SERVICES TRANSCRIPT



OFFICIAL

Name: Army Sample
SSN: 000-00-0000
Rank: Specialist (E4)
Status: Separated

Transcript Sent To:
 American Council on Education ACE
 Office of Admission

Military Courses

Military Course ID	ACE Identifier Course Title Location-Description-Credit Areas	Dates Taken	ACE Credit Recommendation	Level
--------------------	---	-------------	------------------------------	-------

X777-7770	NV-2202-0165 V02 Recruit Training: Upon completion of the course, the recruit will demonstrate knowledge of general military and Navy protocol, first aid, personal health and safety, basic swimming, fire fighting and damage control, seamanship, water survival skills, and will meet prescribed standards for physical fitness.	02-DEC-1996 to 07-FEB-1997		
	<ul style="list-style-type: none"> • First Aid And Safety 1 SH • Personal Fitness/Conditioning 1 SH • Personal/Community Health 1 SH (3/92)(8/99)			L L L
A-730-0010	NV-1710-0130 V02 Equipment Operator, Class A: Construction Training Center Detachment Ft. Leonard Wood, MO Upon completion of the course, the student will be able to inspect, maintain, and operate material handling, construction, and earth-moving equipment and perform basic sitework and operations.	10-MAR-1997 to 13-JUN-1997		
	<ul style="list-style-type: none"> • Construction Equipment Maintenance 3 SH • Construction Sitework 1 SH • Heavy Construction Equipment Operation 8 SH (4/00)(4/00)			L L L
300-68W10	AR-0709-0065 V04 Health Care Specialist: AMEDD Center & School	23-JUN-2008 to 16-OCT-2008		

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05/23/2017

Fort Sam Houston TX

Upon completion of the course, the student will be able to provide basic emergency medical care for critical and emergency patients, consistent with the 1998 Department of Transportation National Standard curriculum for EMT; exercise standard curriculum for EMT; exercise standard precautions; understand basic principles of anatomy and physiology; perform basic patient assessment; assess the critical trauma patient; intervene on life threats; utilize basic EMS equipment; access emergency resources; and prepare and package patients for transport.

- Basic Pharmacology 2 SH L
- Cardiopulmonary Resuscitation 1 SH L
- Clinical Internship 1 SH L
- Emergency Medical Technician Basic 16 SH L
- Field Experience 3 SH L
- Pre-Hospital Trauma Life Support 3 SH L
- Primary Care and Prevention 3 SH L

(5/10)(5/10)

Military Experience

Occupation ID	ACE Identifier Title Description-Credit Areas	Dates Held	ACE Credit Recommendation	Level
---------------	---	------------	------------------------------	-------

NER-SR	NONE ASSIGNED	01-JUN-1997		
	Seaman Recruit:			
	To assimilate recruits into the Navy way of life and to prepare them for further advanced training in specialized Navy occupations.			
	<ul style="list-style-type: none"> • None 			

CN	NER-CN-002	01-JUN-1998		
	Constructionman:			
	May be introduced to all phases of construction work, including construction equipment operation and equipment maintenance, surveying and drafting, site preparation and earthwork, concrete and masonry, steelwork, carpentry, painting, utilities, and tools; understands the mission of the various operating units of the Naval construction force; reads simple sketches used in construction; has basic knowledge of map and compass techniques; knows hand signals for construction equipment operation; uses and maintains common measuring, cutting, line-clearing, manual excavating, and portable power tools; paints with brushes and rollers; applies safety requirements regarding construction equipment and tools, fuels, paints, and electricity.			
	<ul style="list-style-type: none"> • Credit is not Recommended 		SH	
	(1/77)(1/77)			

68W10 Primary	MOS-68W-001	30-APR-2012		
	Health Care Specialist:			
	Supervises field and clinical medical facilities; assists with technical and administrative management of medical treatment facilities under supervision of physician, nurse, or physician's assistant; administers emergency and routine outpatient medical treatment to battle and nonbattle casualties; assists with outpatient care and treatment. Administers emergency treatment in the field; assists with outpatient and inpatient care; maintains health records and clinical files; assists with nursing care of patients including medical examinations; takes and records temperature, pulse, respiration, and blood pressure; applies and removes surgical, wound, or skin dressings; collects and prepares specimens for analysis; assists in clinic and dispensary; performs routine admission tests; administers immunizations; assists with treatment of patients with common diseases; provides emergency medical care; surveys and sorts casualties; determines requirements for and administers emergency treatment; assists with triage of mass casualties; performs duties related to emergency care.			

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- Credit may be granted on the basis of an individualized assessment of the student. SH L
(9/04)(10/07)

NONE ASSIGNED -- Occupation not evaluated by ACE or not evaluated during the time frame held by service member.

College Level Test Scores

NONE

Other Learning Experiences

This section provides a record of the service member's learning experiences that do not have credit recommended for one or more of the following reasons:

- (1) Course has not been evaluated by ACE.
- (2) Class attendance dates were not recorded in the service member's record.
- (3) Course was not completed during the ACE evaluation period.
- (4) Course was not evaluated by ACE at this specific location.

Course ID	Date Taken	Title	Location	Reason
713-EO	10-JUN-1997	Equipment Operator "A" School (Usn)	US Army Training Center Ft Leonard Wood MO	1
713-EO (OS)	10-JUN-1997	Equipment Operator "A" School (Usn)	US Army Training Center Ft Leonard Wood MO	1
RECBN	09-MAY-2008	Reception Battalion Attrition	US Army Training Center Ft Sill OK	1
750-AT	06-JUN-2008	Warrior Transition	New Mexico Military Acad Roswell NM	1
300-68W(BCT3)	02-OCT-2009	Brigade Combat Team Trauma Training	AMEDD Center & School Fort Sam Houston TX	1

END OF TRANSCRIPT

***NOTICE TO ALL TRANSCRIPT REVIEWERS:
FOR FULL EXPLANATIONS OF ALL ITEMS FLAGGED ON THIS TRANSCRIPT, PLEASE REFER TO
LEGEND FOLLOWING LAST PAGE OF TRANSCRIPT.**

JST Official Transcript Explanation

The American Council on Education (ACE) is the nation's unifying voice for higher education. ACE serves as a consensus leader on key higher education issues and seeks to influence public policy through advocacy, research, and program initiatives. ACE's Military Programs evaluates formal service courses and occupations approved by a central authority, employing the services of teams of subject-matter specialists from colleges and universities (professors, deans, and other academicians) that, through the discussion and the application of evaluation procedures and guidelines, reach consensus on content, description, and amount of credit to be recommended for selected courses and occupations. For comprehensive information on the ACE Military Evaluation process, consult the Course and Occupation Evaluation Systems, described in the online Guide to the Evaluation of Educational Experiences in the Armed Services at: <http://www.acenet.edu/higher-education/topics/Pages/College-Credit-for-Military-Service.aspx>.

ACE, the American Association of Collegiate Registrars and Admissions Officers (AACRAO), and the Council for Higher Education Accreditation have developed a set of guidelines contained in the Joint Statement on the Transfer and Award of Credit (<http://www.acenet.edu/news-room/Pages/Joint-Statement-on-the-Transfer-and-Award-of-Credit.aspx>) that are intended to serve as a guide for institutions developing or reviewing policies dealing with transfer, acceptance and award of credit for courses and occupations completed in a variety of institutional and extrainstitutional settings, including the military. More information on guidelines for awarding credit for courses and occupations appearing on JST transcripts is contained in The AACRAO 2003 Academic Record and Transcript Guide.

Service members may request copies of JST transcripts directly from the Operation Centers at <https://jst.doded.mil>. ACE does not issue these transcripts or make any adjustments to missing or incorrect information contained in them. Service members must contact the respective service specific Operations Centers for adjustments or corrections to the transcripts. Colleges and universities may also receive web-based official copies of these documents by contacting the JST Operations Center at jst@doded.mil.

Understanding JST Transcripts

The full exhibit and description for courses and occupations listed on JST transcripts can be found in the Guide to the Evaluation of Educational Experiences in the Armed Services which is available only online at: (<http://www.acenet.edu/news-room/pages/military-guide-online.aspx>) and updated on a daily basis as new courses and occupations are evaluated for recommended credit.

Key to transcript terms:

Military Course ID - This is the number the military service has assigned for this particular course.

SH - Semester hours.

ACE Identifier - The number ACE assigns a particular course. Courses are identified by a 2-letter prefix that designates the military service (AF - Air Force, AR - Army, CG - Coast Guard, DD - Department of Defense, MC - Marine Corps, and NV - Navy), followed by a unique eight-digit course identifier.

ACE Credit Recommendation is listed in semester hours, in the following categories:

V = Vocational; L = Lower level (freshman or sophomore level); U = Upper level (Junior or Senior Level); G = Graduate level.

Dates Taken/Dates Held - Courses and occupations will normally have a start and end date that will show the time period the course was completed or the occupation was held.

Location - Valid location(s) where the course was completed.

Occupational Codes:

Army MOS:

MOS - Army MOS has 5 digits. The first 3 digits identify the occupational specialty and the last 2 digits identify the skill level (E1-E4 = skill level 10; E5 = skill level 20; E6 = skill level 30; E7 = skill level 40; E8 = skill level 50; E9 = skill level 60).

Navy Rates and Ratings:

NER - Navy enlisted rates are occupation identifications assigned to personnel at paygrades E-1 to E-9. Each general rate involves the performance of entry-level tasks and leads to one or more ratings. Career patterns from recruit to master chief petty officer are identified by 4 to 5-digit codes.

NEC - The NEC Structure supplements the Enlisted Rating Structure by identifying skills requiring more specific identification than that provided by general rates and ratings and that are not rating-wide requirements. Selected NECs have been evaluated by ACE to date.

LDO, NWO - Limited Duty Officer, Navy Warrant Officer - Technical officer specialists who perform duties that are technically oriented, with skills acquired through experience and training that are limited in scope to other officer categories. These specialties are normally identified by 4 digits, each successively providing more precise identification of the individual holder.

Marine Corps:

MCE - an MOS has 4 digits and a descriptive title; the first 2 digits normally describe the occupational field and the last 2 digits identify the promotional level and specialty within the occupation.

MCO - officer MOS.

Coast Guard:

CGA - Coast Guard officer aviation competencies.

CGR - Enlisted rating structure used for classified enlisted personnel and qualifications, with career levels from recruit to master chief petty officer.

CGW - Coast Guard Warrant Officers are technical officer specialists who perform duties that are technically oriented and acquired through experience and training that is limited in scope and relation to other officer categories.

MATMEP - Maintenance Training Management and Evaluation Program, a standardized, documentable, level-progressive, technical skills management and evaluation program for enlisted aviation technical maintenance training. The Summary sheet submitted by the service member lists the current level of training completed and should be used by the evaluator to verify the attained level in awarding credit.

DANTES - The Defense Activity for Non-Traditional Education Support maintains the educational records of the service members who have completed DANTES subject Standardized Tests (DSSTs), CLEP examinations, and GED tests. For examinations administered at military installations, results of these tests may appear on JST transcripts for consideration in the award of the recommended credit. However, individual colleges and universities may reserve the right to request official scores directly from ETS or DANTES, to confirm completion of these exams and the credits recommended.

COLLEGE LEVEL EXAMINATION PROGRAM (CLEP) - The College-Level Examination Program or CLEP provides students of any age with the opportunity to demonstrate college-level achievement through a program of exams in undergraduate college courses. There are 2,900 colleges that grant credit and/or advanced standing for CLEP exams.

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05/23/2017



SUMMARY

Not An Official Transcript

Name:		SSN:		Date of Birth:		
		000-00-0000		February 30, 1901		
ACE Exhibit Number	Military Course Number	Title / Subject	Date	Credit	Level	SOC Course Category Code
NV-2202-0165	X777-7770	Recruit Training	07-FEB-1997			
		First Aid And Safety		1	L	
		Personal Fitness/Conditioning		1	L	
NV-1710-0130	A-730-0010	Equipment Operator, Class A	13-JUN-1997			
		Construction Equipment Maintenance		3	L	Construction
		Construction Sitework		1	L	Construction
AR-0709-0065	300-68W10	Heavy Construction Equipment Operation	16-OCT-2008	8	L	Construction
		Health Care Specialist				
		Basic Pharmacology		2	L	
NER-CN-002	CN	Cardiopulmonary Resuscitation	01-JUN-1998	1	L	
		Clinical Internship		1	L	
		Emergency Medical Technician Basic		16	L	
		Field Experience		3	L	
		Pre-Hospital Trauma Life Support		3	L	
		Primary Care and Prevention		3	L	
NER-CN-002	CN	Constructionman	01-JUN-1998			
MOS-68W-001	68W10 Primary	Credit is not Recommended	30-APR-2012			
		Health Care Specialist				
		Credit may be granted on the basis of an individualized assessment of the student.			L	

Level: V=Vocational Certificate L=Lower Division Baccalaureate/Associate Degree U=Upper Division Baccalaureate G=Graduate
 This transcript represents credits RECOMMENDED by the American Council On Education (ACE) and is provided for your information and academic advisement, but is not an official component of the JST transcript.

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05/23/2017



ACADEMIC INSTITUTION COURSES

Name:

SSN: XXX-XX-XXXX

NO COURSE INFORMATION FOUND FOR SSN: XXX-XX-XXXX

***This addendum is provided for your information and academic advisement only and may be incomplete. THE APPROPRIATE OFFICIAL TRANSCRIPT MUST BE ORDERED FROM THE PARENT INSTITUTIONS.**

Level: V=Vocational L=Lower Division Baccalaureate/Associate U=Upper Division Baccalaureate G=Graduate E=Continuing Education D=Developmental
Credits: S=Semester Hours Q=Quarter Hours C=Clock N=Continuing Education Units

05/23/2017

APPENDIX D: MEMORANDUM OF UNDERSTANDING BETWEEN NASEMSO AND
THE STATE EMERGENCY MEDICAL SERVICES AUTHORITIES

Veteran to Civilian EMS Transition Project

Memorandum of Understanding (MOU)

between and among

The National Association of State Emergency Medical Services Officials (NASEMSO)

and

The State Emergency Medical Services Authorities of the States, the District of Columbia, and Territories

1. Background and Purpose

This MEMORANDUM OF UNDERSTANDING (MOU) among the State Emergency Medical Services (EMS) Authorities (“EMS Officials”) of the states, District of Columbia and territories (“the states”) recognizes the importance of establishing a collective commitment to the goals of streamlining and expediting the EMS licensure process for military service members, veterans and their spouses.

In the pursuit of these goals, the EMS Officials agree to strive for consistency to the extent possible and in concert with their respective state laws and regulations, and to continue to reduce barriers to licensure that may be present in existing policies, procedures, and rules. This MOU seeks to foster mutual understanding, shared responsibilities, and a commitment to working together for the improvement of the transition process for military service members, veterans and their spouses. Ongoing communication and coordination with the Department of Defense and the Department of Homeland Security through the Federal Interagency Committee on Emergency Medical Services and the National Highway Traffic Safety Administration will afford the focused effort a continuous opportunity to assist states in achieving the goals of this MOU.

This MOU underscores the importance of education programs that bridge the gap in meeting civilian emergency medical technician, paramedic and other credentialing by recognizing military service members’ military EMS experiences, training and credentials. It also recognizes that access to these education programs is critical for military service members to achieve civilian licensure in the shortest period of time possible so that they may be best integrated into civilian EMS systems and help to meet local EMS manpower needs.

2. Effect, Date, Term and Scope

This MOU is hereby made and entered into by the EMS Officials, as empowered by their states, who have signed at the end of this document.

This MOU will become effective upon signing by any EMS Officials and will commence immediately among those states.

This MOU is intended to streamline and improve the state EMS licensure processes for military service members, veterans and their spouses.

3. Mutual Responsibilities

Signers of this MOU will:

- Work cooperatively to ensure appropriate, efficient communication in support of the goals of this MOU;
- Regularly share information about successes and barriers to success with the intent to improve processes and ensure licensing of veterans, military service members, and their spouses in state EMS systems;
- Collect measures of impact from streamlining licensure processes for military service members, veterans, and their spouses and share them among signers of this MOU and federal and military leadership; and will
- Work jointly to facilitate availability of bridge programs required for licensure.

4. State EMS Officials' Responsibilities

State EMS Officials who have signed this MOU will:

- Share the goals of this MOU with staff and identify needs for additional information, education and sources of expertise in military related education, training, experiences and document interpretation (e.g., DD 214, websites for military service training information, etc.);
- Identify the barriers to streamlining licensure and improve licensure processes for military service members, veterans, and their spouses;
- Integrate improvements into policy, procedure and rules for the state striving for consistency among the states;
- Work closely with training and education institutions with nationally accredited EMS programs to encourage "bridge" programs that recognize education, training

and experience of a military service member, veteran and spouse and provide opportunities for those requirements to be met in a condensed time and through methods that include technology for improved access; and will

- Share successful strategies and changes in streamlining the transition of military service members, veterans and credentialing recognition of spouses with other states through regional and national meetings, messaging among states and with NASEMSO and other communication methods available to the state.

5. National Association of State EMS Officials (NASEMSO) Responsibilities

The National Association of State EMS Officials will:

- Share information resulting from the Veteran to Civilian EMS Transition Project among EMS Officials in the states;
- Provide data collection guidelines and information to states to assist them in performance measurement, process improvement and understanding military service members' needs regarding licensure;
- Maintain a website with state and territory links as a resource for military service members, veterans and their spouses and as a resource for each state to learn from each other;
- Encourage the increased availability of 'bridge' programs in each state by providing them with information gathered from existing bridge programs;
- Provide opportunities through NASEMSO's website, spring and fall meetings and access to subject matter experts; and will
- Encourage the participation of state EMS Officials in this MOU.

FOR THE NATIONAL ASSOCIATION OF STATE EMS OFFICIALS:

President Signed, this _____ day of _____, 201__

Executive Director Signed, this _____ day of _____, 201__

FOR EACH STATE, the DISTRICT OF COLUMBIA, AND TERRITORY:

Official for _____ (State/Territory)
Signed, this _____ day of _____, 201__

Official for _____ (State/Territory)
Signed, this _____ day of _____, 201__

Official for _____ (State/Territory)
Signed, this _____ day of _____, 201__

Official for _____ (State/Territory)
Signed, this _____ day of _____, 201__

Official for _____ (State/Territory)
Signed, this _____ day of _____, 201__

Official for _____ (State/Territory)
Signed, this _____ day of _____, 201__

Official for _____ (State/Territory)
Signed, this _____ day of _____, 201__

Official for _____ (State/Territory)
Signed, this _____ day of _____, 201__