

Student Form
(Attachment A) To the Memorandum of Understanding (MOU) Dated May 31, 2023
By and Between
Cuyahoga Community College District
And
Polaris Career Center

MOU Criteria and MOU Benefits

Tri-C has entered into a cooperative agreement with Polaris Career Center (Polaris) to equate learning experiences to Tri-C coursework. Students who have completed these programs and meet the criteria of the agreement are guaranteed transfer credit that may exceed approved CTAG credits (see below for details).

1. The MOU criteria (“MOU Criteria”) are:

- a. State of Ohio certification as an EMT and/or Firefighter indicating the completion of (partial completion of this list of courses may result in a reduced number of credit hours):
 - EMT 1302 – EMT Basic (CTAG credit)
 - EMT 130L – EMT Practical Lab (CTAG credit)
 - EMT 1320 – Heavy Rescue (CTAG credit)
 - FIRE 1100 – Principles of Emergency Services (CTAG credit)
 - FIRE 1200 -- Principles of Fire and Emergency Services Safety and Survival (CTAG credit)
 - FIRE 1500 – Fire Behavior and Combustion (CTAG credit)
 - FIRE 2321 – Fire Protection Systems (CTAG credit)

 - EMT 1310 – Cardiopulmonary Resuscitation
 - EMT 1330 – Defensive Driving

- b. Submission of the College standard application for admission **and acceptance to the College**, in accordance with the general rules governing submission of such applications. (No special admission preference will be given to Polaris students).

- c. Delivery to the College: Ohio Certificate of Certification as an EMT and/or Firefighter to complete the form in Exhibit A.

2. The MOU benefits (“MOU Benefits”) are:

Dependent upon courses completed and State certification, students meeting the MOU Criteria may be awarded a total of up to 20 credit hours (Seven (7) for EMT and thirteen (13) for Firefighter II) that will include approved CTAG credits.

Student Form

(Exhibit A) To the Memorandum of Understanding dated May 31, 2023

By and Between

Cuyahoga Community College

And

Polaris Career Center

Polaris Student's Certificate

Ohio EMT or Firefighter Certificate Program

1. To be completed by Polaris:

I _____ (name) do hereby certify and warrant that I am the Program Director of the EMT and / or Fire Program and that I duly authorize to sign and deliver this students' certificate on behalf of Polaris. I further certify and warrant that _____ (student's name) completed the Ohio EMT and/or Firefighter Program from Polaris, thereby meeting the Memorandum of Understanding (MOU) Criteria on Attachment A 1 (a) as more fully set forth in the MOU By and Between Cuyahoga Community College and Polaris dated _____

MOU Criteria Achieved: Completion of the Ohio EMT or Firefighter Certificate Program on _____, _____, 20____.

Signed this _____ day of _____, 20_____:

Signature: _____

2. To be completed by Student:

I authorize Polaris to release academic information to Cuyahoga Community College and will provide my valid EMT basic certification, Fire Fighter I and II certification, and First Aid and CPR certification.

Student Signature

Date

Student Number

Student Name (Print)

Student Phone Number

Student Address

City

State

ZIP