



# STAR Articulation Signatory Addendum

## Program Alignment

Career and Technical Center/High School Program Information

| Program CIP Code | Program Title                     |
|------------------|-----------------------------------|
| 51.0899          | Health/Medical Assisting Services |

Applies to high school graduation years (no more than 3 consecutive years):

|                  |
|------------------|
| 2025, 2026, 2027 |
|------------------|

Aligned CCAC Program(s)

| Program CIP Code | Program Title                 | Award     |
|------------------|-------------------------------|-----------|
| 51.0809          | Anesthesia Technologist (462) | Associate |
|                  |                               |           |
|                  |                               |           |

## Articulated Credit

Based on CCAC faculty review the School's PDE approved Career and Technical Education program(s) to determine courses and credits to be articulated, the following articulated credit will be awarded to a matriculated student who has met all the criteria for qualification under the terms and conditions of CCAC's STAR Articulation Agreement.

| Course Number | Course Name            | Credits |
|---------------|------------------------|---------|
| PHL 205       | Medical Ethics and Law | 3       |
|               |                        |         |
|               |                        |         |
|               |                        |         |
|               |                        |         |
|               |                        |         |
| Total Credits |                        | 3       |

## Termination of Agreement

- A. The term of this Agreement shall commence as of the date signed by both parties, as indicated below, with the CCAC courses and number of articulated credits updated annually, unless otherwise extended by mutual written agreement. Notwithstanding the foregoing, either party may terminate this Agreement at any time, with or without cause, by providing one hundred eighty (180) days' written notice to the other party. Notwithstanding any early termination of this Agreement, as provided in the preceding sentence, the parties shall allow participating students enrolled at CCAC as of the effective date of the termination to continue their education under the terms of this Agreement until their educational program is complete.
- B. In the event that either party makes any change in or to the curriculum, standards, name or CIP codes for a course(s) or program(s) articulated under this Agreement, either by its own action or as a result of or in response to any change in applicable law, regulation or accreditation standards, then the parties agree that (i) the party making the change shall notify the other party in writing of the change as soon as practicable, but no later than thirty (30) days prior to the date that the change will take effect; (ii) this Agreement shall be deemed to be terminated as of the effective date of such change; and (iii) the parties will meet prior to the date that the change is scheduled to become effective in order to conduct a full review of both CCAC and the School's curriculum and to develop an updated or revised agreement to succeed this Agreement.



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## Signature(s) for the College (CCAC)

We, the undersigned representative(s) of CCAC, agree to the terms of this Articulation Agreement for a period of three years after the date of signing.

### **CCAC Faculty Reviewer**

|                  |                                                                                   |
|------------------|-----------------------------------------------------------------------------------|
| Name             | Wendi Slusser                                                                     |
| Department/Title | Professor and Program Coordinator, Anesthesia Technologist                        |
| Signature        |  |
| Date             | 10/10/2024                                                                        |

### **CCAC Academic Dean**

|           |                                                                                   |
|-----------|-----------------------------------------------------------------------------------|
| Name      | Kathy Mayle                                                                       |
| Title     | Assistant VP & Dean of Nursing, Allied Health and Sciences                        |
| Signature |  |
| Date      | 10/14/2024                                                                        |

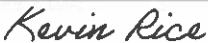
### **CCAC Provost & Chief Academic Officer**

|           |                                                                                    |
|-----------|------------------------------------------------------------------------------------|
| Name      | Stephen H. Wells, PhD                                                              |
| Title     | Provost & Chief Academic Officer                                                   |
| Signature |  |
| Date      | 10/21/2024                                                                         |

## Signature(s) for School

We, the undersigned representative(s) of the secondary Career & Technical Education school, agree to the terms of this Articulation Agreement for a period of three years after the date of signing.

### **Career & Technical Education School Director**

|           |                                                                                     |
|-----------|-------------------------------------------------------------------------------------|
| Name      | Kevin Rice                                                                          |
| Title     | Executive Director                                                                  |
| School    | Steel Center for Career and Technical Education                                     |
| Signature |  |
| Date      | 11/5/24                                                                             |

### **Secondary School Faculty (optional)**

(CTC Director: Please complete the sections below)

|                  |  |
|------------------|--|
| Faculty Name     |  |
| Department/Title |  |
| Faculty email    |  |