



CAEL

DEVELOPING MILITARY TO CIVILIAN ACCELERATED/ BRIDGE PROGRAMS IN HEALTHCARE

Lessons and recommendations from a national scan of select related programs, focusing on opportunities for Army Medics (68W) in nursing and allied health occupations



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Jose Alferez, Manager of Veterans Student Services,
College of DuPage

Michele Bromberg, Nursing Coordinator, Illinois
Department of Financial and Professional Regulation

Kyle Chapman, Program Liaison, Texas Tech University

Stella Cirlos, Director of Nursing, Alamo Colleges

Diane Cousert, Assistant Dean, Nursing and Faculty
Affairs, Parkland College

Bridgette Crotwell Pullis, Director, Veterans' Bachelor of
Science in Nursing Program, University of Texas Health
Science Center at Houston

Julie D'Agostino, Director of Nursing, Harper College

Karen M. Daley, Associate Professor of Nursing and
Dean, College of Health Professions, Davenport
University

Tina B Doyle-Hines, Case Manager, Veteran Admissions,
University of Texas Health Science Center at Houston

Jeff Fritz, Department Chair, Emergency Medical
Services Professions, Temple College

Alex Giberson, Director of Admissions, Kaplan
University

Kimberly Gilchrist-Wynter, Academic Success Coach,
Medic to VBSN Program, Florida International University

Mary Jane Hamilton, Founding Dean of the College
Nursing and Health Sciences at Texas A&M University-
Corpus Christi

Melinda Mitchell Jones, Associate Professor of Nursing
and Associate Dean of Non-Traditional Undergraduate
Studies, Texas Tech University

Lynnette Kennison, Project Director, Veterans Bachelor
of Science in Nursing Program, Jacksonville University

Jennifer Kowalkowski, Associate Academic Dean for
Healthcare, Director of Nursing, Herzing University

David Lash, CAMVET/GOOD Program Director and Lead
Physician Assistant, Captain James A. Lovell Federal
Health Care Center

Mary Beth Luna, Dean of Health Professions &
Emergency Services, Joliet Junior College

Kirsten Manzi, Academic Advisor, College of Nursing,
University of South Florida

Marie Marcotte, Veteran Affairs Coordinator, Illinois
Central College

Sandra Oliver-McNeil, Assistant Professor of Nursing,
Wayne State University

Lisa Pagano-Lawrence, Administrative Assistant for the
VBSN, University of Michigan—Flint

Lula Pelayo, District Director of Nursing and Allied
Health Programs, Alamo Colleges

Alicia Gill Rossiter, Program Director, VCARE,
Undergraduate Program, Nursing, Military Liaison,
University of South Florida

Jason E. Saladiner, Clinical Associate Professor and
Director of Innovative Programs, College of Nursing &
Health Sciences, Texas A&M University-Corpus Christi

Kristen Salem, Academic Services Officer, Wayne State
University

Mitchell Seal, Dean of Online Studies, Head of Distance
Learning, University of the Incarnate Word

Debbie Sikes, Veteran to BSN Program Director, Texas
Tech University

Judith Stallings, Program Director, Physician Assistant
Department, Augusta University

Joella Tabaka, LPN Coordinator, Harper College

William Vinson, Campus President, Herzing University,
Madison, Wisconsin

Vernell E. Walker, Dean of Professional and Technical
Education, Alamo Colleges

Michael Welch, Veterans Resource Representative,
Lansing Community College

James Whyte IV, Associate Professor of Nursing, Florida
State University

Keren Wick, Director of Research and Graduate
Programs, Director of Academic Outreach, University of
Washington



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INTRODUCTION

Recent reports continue to highlight the ongoing workforce shortages facing the national healthcare industry in the coming decade, particularly within nursing. The Georgetown University Center on Education and the Workforce projects a shortage of roughly 193,000 nursing professionals by 2020, despite a growing supply of nursing graduates in recent years (Carnevale, Smith & Gulish, 2015). In addition, national demand for allied health professionals¹ is expected to grow by around 30% between 2010 and 2020 (Carnevale, Smith, Gulish & Beach, 2012, p. 35). Demand is particularly acute for emergency medical technicians (EMTs) and paramedics, which are expected to see a 24% increase in demand (around 58,000 added jobs) between 2014 and 2024 (U.S. Department of Labor, 2015).

At the same time, in 2012 the U.S. Department of Defense estimated that around 85,000 members of the military served in healthcare support occupations, including Army medics, Navy corpsmen, and Air Force medical technicians. Many of these service members may be interested in continuing to do similar work when they transition to civilian careers, and their previous training and experience position them to meet some of the critical healthcare demands facing the country.

The federal government has acknowledged, however, that it is often difficult for veterans to translate their military training and experience into the formal credentials, certifications, and licensure necessary to attain related employment as civilians, including within the healthcare sector (Executive Office of the President of the United States, 2013). Because educational opportunities that recognize a veteran's prior military learning are not always available and often limited, these veterans must typically repeat the training they received during their service. Not only is this redundancy a waste of time and money for the veteran pursuing further education but it is also a

potential misuse of taxpayers' money since the government ends up funding the same education twice: once through the Department of Defense's initial training, and a second time if the veteran makes use of the government-funded GI Bill (National Governors Association Center for Best Practices, 2015).

A number of federally mandated programs have been established to try and address these challenges across various military occupations and their civilian counterparts. Most of these initiatives, however, have been geared towards either implementing large scale federal or state policy changes (NGA Center, 2015) or altering the initial training that military personnel receive to include civilian certifications (e.g., the Department of Defense's Credentialing and Licensing Pilot Program). Another route is to encourage post-secondary institutions to provide alternative and accelerated pathways for returning veterans, particularly in the healthcare field.

Some colleges are already working to create more efficient military to civilian educational transitions, by recognizing and providing credit for the training and experience that Army medics have already received. These types of programs are sometimes referred to as accelerated or bridge programs. They are referred to in this report as veterans accelerated/bridge programs (VABPs) (see box on next page).

This report highlights some of the VABPs that have been developed around the country. Specifically, the report will focus on civilian healthcare VABP options for former U.S. Army medics—Military Occupational Code (MOC) 68W, Army healthcare specialist. We will also touch on military to civilian transition opportunities for other military healthcare support occupations, including Navy corpsmen (MOC: HM-0000) and the Air Force aerospace medical service apprentices (or medical technicians, MOC: 4N0X1). These three healthcare occupations are among the military's top 10 most-populated Military Occupational Specialties (MOC's) (U.S. Department of Defense, 2013, p.21). The primary focus in this report is Army medics. While Army medics make up well over half (58%) of the military's healthcare support personnel (U.S. Department of Defense, 2013, p. 23), they may not

¹ Allied health professionals are defined by the Association of Schools of Allied Health Professionals (ASAHP) as healthcare professionals who “deliver services involving the identification, evaluation, and prevention of diseases and disorders; dietary and nutrition services; and rehabilitation and health systems management” (“What is Allied Health,” 2015).

CLARIFYING TERMINOLOGY: ACCELERATED & BRIDGE PROGRAMS

The terms *accelerated* and *bridge* carry a wide variety of meanings with regards to postsecondary educational programs.

Accelerated programs generally enable students to complete a degree program in a shorter period of time. Sometimes, programs are shortened by simply condensing a traditional curriculum into a shortened time period through a variety of methods (i.e., requiring summer attendance or requiring more hours of instruction per week). Accelerated programs might also have completely reorganized the structure and delivery of the learning activities to achieve efficiencies in covering required material. Alternatively, sometimes the term *accelerated program* is used when students can earn credit for what they already know and can do, typically through some kind of formal evaluation of student learning.

Bridge programs theoretically create an instructional bridge between a student's existing learning and the outcomes required by the program—a bridge that spans the gap between existing skills, knowledge, and competencies and needed skills, knowledge, and competencies.

This report is focused on any program that acknowledges and builds on previous knowledge, skills, and abilities of the veteran, including accelerated programs utilizing prior learning assessment (PLA) as well as bridge programs. Therefore this report is using a hybrid term of our own invention: Veteran Accelerated/Bridge Programs (VABPs).

always have access to the same VABP approaches as their Navy and Air Force counterparts because their training is viewed as more field-focused as opposed to training in clinical settings.

The report begins with a brief overview of the standard training that Army medics receive and the ways in which this training compares to the learning outcomes expected of various occupations within the civilian healthcare field. The report then provides a summary of two different methods that might be used to award Army medics

credit for the learning that they have already completed: individual assessment of prior learning and a “crosswalk” approach. The report then examines various VABPs nationwide that are utilizing these methods in order to successfully transition former Army medics or other military healthcare personnel into civilian healthcare careers. Finally, it outlines relevant trends across a number of these programs, the implications of those trends for institutions wanting to develop similar VABP models, and recommendations for the field.

ARMY MEDIC TRAINING: AN OVERVIEW

Service members charged with providing medical care, including Army medics, must undergo a rigorous training program that results in a range of transferable skills and knowledge that have value in civilian healthcare professions. This training begins at the Medical Education and Training Campus (METC), a military training facility located at Fort Sam Houston in San Antonio, Texas.

Army Medic Training and the METC

The largest military allied health science training facility in the world, the METC, was established in 2005 in order to co-locate, consolidate,

and jointly train Army, Navy, Air Force, and Coast Guard service members. With each branch previously maintaining its own separate facilities, this collocation of military training programs was a direct result of the 2005 Base Realignment and Closure (BRAC) initiative. The five superstructure, multi-program medical instructional facilities (MIFs) and several smaller MIFs located on the METC campus are operated under a university-style administration. It is staffed by 1,200 instructors, and as many as 20,000 students receive training at METC each year in programs that can range in length from one month to a full year (METC, 2015).

The campus houses specialized facilities for advanced training, including an X-Ray lab, a functional pharmacy, a dentistry lab, and an aquatic center for search and rescue training

programs. Of the 48 programs located on the campus, 38 are consolidated (combined) across the four military branches, while 10 others remain non-consolidated due to the extensive branch and occupation-specific training they require. Currently, the METC enjoys institutional accreditation by the Council on Occupational Education, and many METC programs are programmatically accredited by various professional associations, such as the Commission on Accreditation of Allied Health Education Programs, National Accrediting Agency for Clinical Laboratory Sciences (NAACLS), and the Accreditation Council for Occupational Therapy Education (ACOTE) (Program Catalog Committee, 2016).

The creation of the newly consolidated METC curriculum involved a close examination of similar civilian programs and an intentional alignment between METC and civilian programs. Through these efforts, METC reports that it has been able to establish partnerships with more than 200 METC-specific accredited degree completion plans at 43 colleges and universities in 24 states across the nation. These completion programs allow military personnel to build on their military training to complete postsecondary degrees, such as an Associate of Applied Science (AAS) in nursing, an AAS in radiography, an AAS and AS in health sciences, a Bachelor of Science in nursing, or a master's degree in healthcare administration (Program Catalog Committee, 2016). As one of METC's 12 non-consolidated programs, the training for Army medics remains separate from the training program for related occupations in the other branches, such as Navy corpsmen and Air Force medical technicians.

METC Training and the Nursing Boards

The implications of this training differential for the educational and career pathways of Army medics versus Navy corpsmen and Air Force Medical Technicians is evident in the rulings made by national and state boards of nursing regarding the potential for that training to translate to formal nursing certification. In 2013, the National Council of State Boards of Nursing (NCSBN) formally reviewed the

training received by healthcare specialists (medics), corpsmen, and medical technicians and compared it to the standard licensed practical/vocational nurse (LPN/LVN) curriculum. The NCSBN concluded that the differences in content “preclude granting an LPN/VN license to veterans specialized in these areas without additional practical/vocational nurse coursework and clinical experience.” Instead, veterans in those positions “must learn the role of the LPN/VN, the scope of practice and the principles of delegation in order to practice competently and safely” (NCSBN, 2013, p.12).

This national ruling still allows individual state boards to weigh in on the specific kinds of additional coursework that are needed, and the individual state boards have come to different conclusions on that topic. In some states, nursing programs are permitted to design VABP programs for all three positions (Army medic, Navy corpsman, and Air Force medical technician). In the state of Illinois, however, the Illinois Department of Financial and Professional Regulation (IDFPR) Board of Nursing (BON) determined that Army medic training is significantly different than the training for the other two occupations. The medic training focuses more on providing care in the field, while those in comparable roles in the Navy and Air Force are trained to serve in and are ultimately exposed to more clinical settings. Therefore, the BON has approved the development of corpsman (Navy) and medical technician (Air Force) to LPN VABP programs in Illinois, but did not approve similar programs for Army medics.

Instead, the Illinois BON concluded that Army medic training most directly corresponds to the education required of an EMT at its lowest occupational level (see sidebar) (IDFPR BON, 2015). A fully trained Army medic is already required to sit for and pass the National Registry of Emergency Medical Technicians (NREMT) EMT-Basic license exam (Department of Defense, p.27) in order to be awarded their MOC. The Illinois BON has therefore recommended that a transition to EMT would be a more appropriate first step for veteran medics, and could provide them with initial employment while they obtain the additional education necessary to advance within the EMT career pathway to

EMERGENCY MEDICAL SERVICE (EMS) OCCUPATIONAL LEVELS

EMT-Basic certification carries the lowest education/training requirement. Certification at each additional level allows an EMT to provide progressively more acute care to patients:

1. EMT-Basic (EMT-B)
2. EMT-Advanced (AEMT)
3. EMT-Paramedic (EMT-P/Paramedic)

paramedic certification, or to further pursue certification as an LPN or RN. Other organizations, such as the National Association of Emergency Medical Technicians (NAEMT) have similarly found the medic-to-EMT pathway to be an effective one for easily transitioning veteran medics into the civilian healthcare field (NAEMT, 2014).

PATHWAYS THAT RECOGNIZE MILITARY TRAINING AND EXPERIENCE

This report will focus on VABPs that utilize one or both of the key methods of assessing a learner's existing experience and knowledge for college credit that apply in the case of military learning: individualized prior learning assessment (PLA) and credit crosswalks.

Prior Learning Assessment

Prior learning assessment is the term for various methods that colleges use to award credit for college-level learning acquired from other sources, such as work experience, professional training, military training, or open source learning from the Web. There are several different methods of PLA.

For veterans, an important PLA method is review of their military Joint Services Transcript (JST). The JST provides details of the service

member's training and occupation (except for members of the Air Force, which maintains a separate transcription system) along with the credit recommendations for that learning from the American Council on Education. This method is perhaps the most straightforward for veterans and service members to attain academic credit for their military training as they do not have to take any additional steps to demonstrate that learning, provided that the ACE credit recommendations are accepted by the college or university.

Other methods of PLA include standardized exams, such as the College Level Examination Program (CLEP), offered by the College Board, and the DANTES Subject Standardized Tests (DSST Exams). Some colleges also offer customized exams (also known as challenge exams or departmental exams) to verify learning; these may be final exams tailored to a specific course, or other tests developed at the department level in order to assess discipline-specific knowledge and skills. Finally, individualized portfolio assessment is also a possible PLA method, consisting of the student documenting his or her learning, typically through a written narrative and supporting documentation (e.g., relevant projects, essays, presentations, demonstrations of skill, etc.). That portfolio would then be assessed by a subject matter expert, typically a college-level faculty member, in order to determine whether the portfolio demonstrates mastery of particular learning outcomes.

In this approach, the student's degree plan is customized to what that individual student already knows and can do. One of the challenges inherent in PLA—especially in the case of veterans pursuing healthcare education—is that PLA credit is not uniformly accepted by all colleges and universities and is often treated as elective credit if accepted at all (see box on next page for an example).

What Is a Crosswalk?

A crosswalk consists of a side-by-side comparison between the learning outcomes (knowledge, skills, and abilities) attained through prior learning or training and the learning outcomes of a

particular college program or course. The purpose of this comparison is to indicate where outcomes match and, consequently, where gaps between a student's learning/training and the required outcomes and standards of a program might exist. This in turn guides the institution as to what credit should be granted and what learning still needs to take place in order for that student to meet the required standards and outcomes for a particular credential or degree (Bitters & Wegner, 2009).

A relevant example of a crosswalk is the Military to RN Career Mobility Track Program at the Alamo Colleges in San Antonio, Texas (profiled below). Military medical courses and learning outcomes for medics and corpsmen were compared one at a time, side-by-side with the Alamo Colleges' RN program's courses and learning outcomes. Whenever the military learning outcomes matched a particular college course's learning outcomes, that military training would be assigned associated course credit, and either a prospective student with that training would not need to take that part of the curriculum, or an accelerated course was created that did not include the content and learning outcomes that would have already been met through standard military training.

For example, the learning outcome "Interpret abnormal physical assessment findings with patho-physiology for the client across the adult life span in adapting to common medical-surgical alterations in health" was included in METC's Air Force, Army, and Navy curricula; since it would not be necessary for those students to retake course content to achieve that particular learning outcome, they would not be required to relearn that material. On the other hand, "Utilize critical thinking skills in applying the nursing process to assist the adult client with common medical-surgical alterations in adapting to internal and external environments" was not included in any of the three branches' curriculum in any form, so military students would be required to take a nursing course that would address that learning outcome (Pelayo, 2015).

MILITARY PLA IN ILLINOIS

As part of the Council for Adult and Experiential Learning's (CAEL) work with Illinois Joining Forces, a statewide public-private network of veteran serving organizations, and in conjunction with the Illinois Board of Higher Education and its Faculty Advisory Council, the Illinois Community College Board, and the Illinois Department of Veterans Affairs, CAEL conducted a 2015 scan of military PLA policies and practices in Illinois colleges and universities. With 44% of institutions responding, CAEL learned that:

- The vast majority of participating institutions offer some form of PLA, but even the two most common PLA methods (CLEP tests and ACE credit recommendations) were not universally available options.
- There is great variance in allowable PLA methods among institutions. Only 5 of the 17 listed PLA methods were offered by over half of the participating institutions.
- Treatment of PLA in terms of credit application and limits is not standardized. For example, many institutions limit PLA credits to electives only and do not allow PLA credits to count for major requirements.

The crosswalk approach is generally what comprises a bridge program, in that it is designed to provide only the courses that cover the learning gaps between what a student already knows and has skills in and the final requirements for the credential. The crosswalk approach allows an institution to customize a program to an entire group of veterans with similar training, rather than the more individualized approach of using PLA.

NATIONAL VETERANS ACCELERATED/BRIDGE PROGRAM SCAN

With the goal of establishing a set of recommendations for the further growth and development of veteran healthcare bridge programs nationally, we examined a selection of programs currently

listed as partners with METC through their website (METC, n.d.). From this list of programs we sought to identify promising models of bridge programs working to transition Army medics into either nursing or allied health careers, including emergency medical services (EMS) occupations.

From a total of over 200 partner programs, across 24 states, we closely examined programs at 22 different institutions in 8 states with large military presences and significant healthcare demand. From this initial research we identified a subset of programs that draw significantly on the existing training and experience of veteran Army medics by providing them with meaningful opportunities to utilize PLA methods and crosswalks. Following are brief profiles of this subset of programs in allied healthcare and nursing careers. Each profile includes a description of the program and the bridge/pathway model they employ as well as evidence of the ways in which they benefit veteran Army medics. Additional profiles are available in an online appendix (link provided at the end of the report).

Programs in Nursing

Of the four VABP programs for nursing, two offer associate degrees in nursing (ADN), and the other two offer Bachelor of Science in nursing (BSN) degrees.

SNAPSHOT: ALAMO COLLEGES

- Medic, Corpsman, and Medical Technicians to AAS in Health Science and certification as RN
- Potential time savings of one year
- In-depth crosswalk developed in partnership with METC
- Individual PLA evaluation also provided upon enrollment
- 100% completion rate

Alamo Colleges (San Antonio, TX)

Located in San Antonio, which is also the home of the METC, Alamo Colleges collaborated closely with the training center in order to develop and offer a curriculum geared towards Army medics, Navy corpsmen, and Air Force medical technicians who have completed their training within the last 10 years. The Career Mobility Track allows these

veterans, along with other licensed vocational nurses (LVNs) and licensed practical nurses (LPNs), to pursue an accelerated path to attaining an AAS in Health Science degree and, subsequently, certification as an RN. In addition to this nursing track, Alamo offers other VABPs to prepare veterans as medical laboratory technicians, occupational therapy assistants, or other technologists.

Working alongside the METC, Alamo developed an in-depth crosswalk to ensure that military veterans with prior healthcare training would not need to duplicate courses or learning they had already completed. An admissions and progressions committee also review applicants to determine their eligibility and whether any additional prior learning credit may be awarded. For non-military students pursuing the AAS, the program lasts two years. Veterans enrolled in the Career Mobility Track can complete the program within one year, or three semesters. All coursework is completed online, although clinical work must be completed at a Texas-based healthcare facility.

Every year, 20 students are selected for the program, although the current enrollment is 13 students. The program enjoys a 100% completion rate and a pass rate of over 80% on the NCLEX-RN certification exam. Moreover, the school partners with community and local healthcare providers in order to provide job placement services for its graduates, ensuring that the transition into employment from credentialing is a smooth one.

SNAPSHOT: HERZING UNIVERSITY

- Medic to associate degree in nursing
- Potential time savings of 8 months
- Credit awarded through individual PLA: CLEP/DSST, ACE recommendations
- Students qualified for RN licensure after 1 year

Herzing University (Madison, WI)

The Wisconsin Department of Veterans Affairs (WDVA) recently partnered with Herzing University in order to create the Madison VET2RN initiative for Army medics, Navy corpsmen, and Air Force medical technicians. This was the result of a grant to the

WDVA from the National Governor's Association. Built partially on the framework of an existing LPN to RN bridge that had already existed at the university's Madison, WI, and Florida campuses, the initiative allows military medics to receive an associate degree in nursing (ADN) upon completion. Students are eligible to earn LPN licensure (through the NCLEX-PN exam) after four months, and RN licensure within one year.

In developing the curriculum for the VET2RN program, administrators collaborated with students in order to determine where learning gaps existed between the medics' training and the learning outcomes of the existing curriculum. They also referred to the ACE Guide during this process. A 16-week transitional course is required to introduce military students to the scope of nursing care at the civilian RN level and to assess their prior knowledge as well as their preparedness to take on the necessary coursework.

After completing this initial course, medics enter the program as advanced standing students at the one year mark and may receive up to 20 transfer credits for their military experience through prior learning options including CLEP and DSST exams, competency-based exemption examinations, and JST/ACE credit recommendations. The nursing associate degree for non-veterans requires 74 credits and typically takes 20 months to complete; the time savings for veterans, because of credit earned through PLA, can be up to eight months.

In May 2016, the university enrolled its fourth cohort of veterans in the program. One service member has completed the associate degree in nursing, and 29 others are currently enrolled. According to William Vinson, the president of the Madison, Wisconsin campus, the students in the VET2RN program consistently outperform other LPN transition students. As a result of the program's success, Herzing administrators are considering other academic programs that could fit within a military credit bridge program, such as information technology professionals.

SNAPSHOT: DAVENPORT UNIVERSITY

- Medic or Corpsman to bachelor's in nursing (VBSN)
- Potential time savings of two years
- Potential cost savings, with military tuition discount, of close to \$25,000
- Credit awarded through individual PLA and crosswalks
- Spots for 15 veteran students annually

Davenport University (Grand Rapids, MI)

An example of an Army medic to bachelor's degree in nursing program is the Veteran Bachelor of Science in Nursing (VBSN) degree offered by Davenport University in Grand Rapids, MI in an accelerated format that incorporates both PLA and a credit crosswalk. The development of the program was supported by a grant from the Health Resources and Services Administration (HRSA) and the U.S. Department of Health and Human Services (HHS). The grant funding made it possible to develop and provide career support services including career ladders, counseling, and partnerships with community health systems in order to encourage the students to practice in local communities upon completion.

For students without previous learning, this is typically a four year, 120 credit program. Qualified veterans can save up to two years through the use of PLA and credit crosswalks. Many veterans are automatically granted advanced standing in the program by way of a crosswalk. The institution developed the crosswalk by aligning the standard military medical training outcomes to BSN program learning outcomes. Veterans can also gain further credit through the use of PLA methods such as JST/ACE credit recommendations, CLEP, DSST, COMPASS, or other specialized placement exams. Because veterans also receive a 20% military discount on tuition, they may ultimately save close to \$25,000 over the course of the program compared to other students.

Out of the 192 students admitted annually into Davenport's nursing program, reserved spots are set aside for 15 veterans to start the program each fall.

SNAPSHOT: TEXAS A&M-CORPUS CHRISTI

- Medic to BSN (eLine Military Program)
- Potential time savings of 6-9 months
- Credit awarded individual PLA, including initial pre-test of existing learning
- 100 participants to date, with 80% completion rate

Texas A&M (Corpus Christi, TX)

Developed through the use of funds provided by an HRSA grant in 2010, the eLine (electronic learning in nursing education) Military Program (ELM) at Texas A&M University-Corpus Christi also facilitates access to a full BSN curriculum for veterans who served as Army medics or Navy corpsmen. Provided entirely online, the program allows veterans to complete the program at an accelerated pace through the use of various PLA methods, qualifying graduates to sit for the NCLEX-RN certification exam. In addition to a reduced time to a degree, veterans also have the ability to begin the program six months prior to their discharge, thereby further reducing the length of time that is necessary for them to spend between leaving the military and acquiring a full time position.

According to Dr. Mary Hamilton, Dean of the College of Nursing & Health Sciences, the school primarily utilizes an individualized PLA model in order to assess a veteran's prior training for credit. An initial evaluation takes place during which the veteran's JST is reviewed by an internal group of staff members. Next, the veteran is given a concept level pre-test of their existing learning; if students test at or above a certain level, they are able to test out of specific courses. Credits may also be awarded through the use of CLEP exams. Through these PLA opportunities, a veteran may be able to complete the full program in 15-18 months, saving 6-9 months against the typical completion time of 24 months.

The program is open to all active duty personnel of all the armed services and veterans, and has received over 2,000 inquiries. The primary method of recruitment is by word of mouth within the large local Army, Navy, Air Force and Marine

Reserve populations. To date, the program has had over 100 participants with an 80% completion rate. According to Dr. Hamilton, because the Career Center at Texas A&M maintains a strong focus on connecting veterans to employment, every student who has completed the program has received employment post-graduation.

Emergency Medical Services (EMS) Bridge Programs

An alternative pathway for Army medics into a civilian healthcare career is to start with their existing EMT-B certification. While working in an EMS occupation, the person can then pursue additional training for other healthcare occupations. Programs at Temple College (TX), Lansing Community College (MI), and Parkland College (IL) provide examples of pathway programs that make this transition possible for Army medics.

SNAPSHOT: TEMPLE COLLEGE

- Medic to AEMT or Paramedic
- Potential time savings: two semesters
- Potential cost savings to veteran of \$2,142
- Credit awarded through challenge and other curriculum exams administered by college

Temple College (Temple, TX)

Launched in 2010, Temple College's Military Medic Program, offered through its Department of EMS Professions, allows Army medics to complete accelerated versions of either the Advanced EMT (AEMT) or Paramedic (EMT-P) Programs. In order to qualify for the program, veterans must qualify for acceptance to Temple College, complete and pass the Health Occupations Basic Entrance Test (assessing general education in reading, science, language use, and math), and either have their EMT-B certification or be currently enrolled in either an EMT course or the EMT credentialing process. Upon successful completion of either program, the student is eligible to take the appropriate NREMT certification exam.

According to Jeff Fritz, Department Chair of Emergency Medical Services Professions, the regular AEMT Program consists of 2 semesters (a total

of 26 credits), while the regular Paramedic program consists of 4 semesters (46 credits). Medics are provided the opportunity to receive credit for their prior learning and training, primarily through testing out of certain courses by way of structured curriculum-based exams provided by the college (review materials are also prepared so these students know what is expected). Veterans who successfully pass these exams may test out of any portion of the program up to two semesters, potentially leaving just two semesters remaining for completion, depending on the medic's previous level of knowledge and training. As a result, the program carries potential cost savings of up to \$2,142 if maximum credit-by-exam is attained.

SNAPSHOT: LANSING COMMUNITY COLLEGE

- Medic to Paramedic, Paramedic to RN
- Potential time savings of 4-5 months for medics to become paramedics
- Potential time savings of 14 months for paramedics to RNs
- Evaluation of each veteran's prior learning and existing competencies
- Wraparound veteran support services

Lansing Community College (Lansing, MI)

In January 2012, Lansing Community College (LCC) launched an accelerated two-semester education program specifically designed for military medics and AEMTs. The goal of the program is to create a two-stage pathway for military medics and AEMTs to transition into paramedic and nursing occupations. Students who complete the first stage will be prepared to take the National Paramedic Certification (NREMT) exam. After the second stage, a graduate will be prepared to take the National Council of State Boards of Nursing Licensure Exam (NCLEX-RN). The LCC program was the first accelerated military medic to paramedic program in the country. It is now in its 5th cohort with an average of 16 students per cohort.

The college worked with Department of Defense (DOD) officials in Washington to evaluate METC

program curriculum and streamline the military medic to paramedic crosswalk. As a result, the school offers a free competency test to all applicants designed to identify existing competencies and remaining gaps in each individual service member's training when compared to this crosswalk. While the Joint Services Transcript (JST) or Community College of the Air Force (CCAF) credits are considered when awarding credit for prior learning, each student is individually assessed. Students may be awarded more credit than is transcribed on military transcripts if they can prove their skills on a competency test.

Even without being awarded additional credit through these individualized forms of PLA, students can earn a Paramedic Certificate of Achievement in 28 weeks, compared to the 11-12 months required in traditional programs, a potential time savings of 4-5 months. Moreover, LCC offers a LPN/Paramedic to RN Advanced Standing Program that can be completed in 10 months compared to the traditional two-year nursing program, a savings of just over a year (14 months).

The current pass rate on the NRP certification exam for graduates of the accelerated LCC program is 81%. The program is also highly recommended by its graduates. According to Michael Welch, Veterans Resource Representative, a primary reason that students are attracted to this program is the wrap-around veteran services offered at LCC: the Veteran Resource Center on campus offers help with housing, medical services, counseling, academic advising, military credits, and GI Bill benefits. Students also have access to a dedicated veteran resource specialist who is also a former Army medic.

SNAPSHOT: PARKLAND COLLEGE

- Paramedic to RN
- Army medics would first need to obtain training to become a paramedic (EMT-P)
- Students save 1 semester of time and \$1,264.50

Parkland College: Paramedic to Nursing (ADN) Bridge Program

Launched in 2016, Lansing Community College's program presents a different model for Army medics looking to eventually move into nursing;

EMT Paramedic certification provides a stepping stone to medics looking to attain nursing certification. An Army medic would first obtain the training to become a paramedic (EMT-P). Then, Parkland offers a bridge program from paramedic to RN. This is an example of a program that was not specifically designed for Army medics or other members of the military but that could offer a time-saving pathway.

Accredited by the Accreditation Commission for Education in Nursing (ACEN) and approved by the Illinois BON, the bridge program takes three semesters to complete the associate degree in nursing, assuming prior Paramedic certification. This saves the student at least 9 credit hours, or the equivalent of one semester, in comparison to the school's regular AAS nursing degree, which means a potential cost savings of \$1,264.50. After receiving an ADN, the student would then be qualified to sit for the NCLEX-RN exam.

Other Allied Health Bridge Programs

Army medics may also find a pathway into civilian healthcare professions through careers in other allied health occupations such as physicians' assistants, physical therapy, and health technology. Of the programs set-up to facilitate this transition, the health science-general studies program at the University of the Incarnate Word, as well as the Veteran's Health Administration's Grow Our Own™ program (which partners with multiple institutions) are good examples of VABPs that facilitate learning and degree attainment for allied health careers through crosswalks and PLA.

SNAPSHOT: CAMVETS/GROW OUR OWN™

- “Earn while you learn” model—places Army Medics in VHA emergency departments as Intermediate Care Technicians (ICTs)
- Designed for ICTs to attend a Physician Assistant (PA) program with special consideration
- Potential to earn credit for PLA

Veterans Health Administration's CAMVETS/Grow Our Own™ Program

The U.S. Department of Veterans Affairs (VA) has developed an “earn while you learn” model that would allow Army medics (and Navy corpsmen) to draw on and utilize their critical care training and experience by working in Veterans Health Administration (VHA) emergency departments as intermediate care technicians (ICTs) without additional required credentials or licensure (Ott et al., 2014). Then, while serving in these occupations, they can continue to pursue training for other careers like nursing.

Built as new positions within the VHA emergency departments (EDs), ICTs have a scope of practice that is more advanced than the traditional VA ED technician in order to match the higher level training received by Army medics. The goal of this program is to not only enhance patient veteran care and satisfaction, but to provide veterans with immediate work opportunities while they pursue long-term employment, advanced education, and professional licensure (Lash & Martin, 2016). Since the launch of the initial pilot in 2012, the program has seen definitive success, with all 15 pilot sites supporting the idea of expanding the ICT role into other clinical settings. Accordingly, the VHA has approved the hiring of 234 additional ICT's across the U.S. (Ott et al., 2014).

One of the selected pilot sites for the ICT program, the Captain James A. Lovell Federal Health Care Center in North Chicago, has built on this initial employment program by simultaneously developing and offering an educational program in collaboration with universities offering physician assistant degrees as part of CAMVETS/Grow Our Own™ Directive. This particular program was developed in order to provide former medics and corpsmen who are VA employees with greater resources and ability to advance in their education and careers. Veterans employed as ICTs are able to attend a physician assistant education and training program while receiving specialized admission consideration as well as the potential to receive credit for their military training based on PLA. The VHA is also working to expand the program in order to encompass and provide opportunities in other health-care specialties in addition to physician assistant.

SNAPSHOT: UNIVERSITY OF THE INCARNATE WORD

- Medic to AS/BS in Health Science-General Studies
- Potential savings of up to 30 credits
- Potential cost savings, with military tuition discount, of up to \$22,000 (AS) or \$35,850 (BS)
- Ranked 13th out of 100 by *Military Times* in 2015 for level of veterans services

University of the Incarnate Word (San Antonio, TX)

Another example of a program that offers pathways into general allied health careers is the online AS or BS degree in health science-general studies at the University of the Incarnate Word. Geared both towards veterans as well as active duty military, the degrees prepare the student for varying levels of employment in a variety of allied health occupations, including health technology, as well as provide the ability to pursue further advanced education if the veteran wishes to pursue higher level healthcare careers.

Students are typically required to complete 60 credits for the AS degree and 120 credits to attain the BS. However, military personnel with previous allied health training (including Army medics) are able to earn between 18 and 42 credits (maximum) for their prior learning. This individualized PLA approach can take the form of either JST/ACE credit recommendations or through CLEP or DSST exams. As a result, military personnel can save more than half the time to complete an AS degree and two-thirds of the time to complete a BS degree. Veterans also receive discounted tuition rates: normally \$505 per credit hour, active duty personnel only pay \$250 per credit hour, while veterans pay \$275 per credit hour and receive free textbooks.

The university recruits for the program through monthly information sessions at military installations within Texas, including Fort Hood and Naval Air Station Corpus Christi. The university offers significant wraparound support services for active duty military as well as veterans, both throughout the admissions process and during enrollment. Indeed, the school was ranked number 13 out of 100 selected four-year schools by the *Military Times* in 2015 for the level of academic support services they provide to veterans

(*Military Times*, 2015). Included among the support services they offer is a dedicated Veterans Center that provides advising staff, technology resources, and a veteran work-study program.

Trends and Implications

In reviewing the various VABPs for Army medics and Navy/Air Force corpsmen seeking to transition into healthcare careers, there are a number of observable trends that carry important implications when considering how to replicate and expand such opportunities nationally.

- **Across the country, a range of different kinds of VABP programs are being offered to veterans, including Army medics, seeking to enter civilian healthcare professions.** Not only do healthcare bridge programs provide pathways into more conventional nursing degrees, but also for careers in emergency medical services, physical therapy, health information technology, and a host of other allied health professions. In many cases, the VABP allows the veteran to receive training that leads directly to the desired occupation, while in other cases the program offers more of a progressive, or sequential, pathway (e.g., the Army medic trains to be an EMT-P and then, while working as an EMT-P, studies to become an RN). For those veterans who cannot afford to spend the time or resources in full-time study, these alternative pathways may be valuable.
- **This wide variety of healthcare-oriented bridge programs indicates that military to civilian career transitions can be customized to local employment needs.** If a particular area or community experiences a greater demand for physical therapy assistants or for health information technicians, national program models already exist which institutions can use to design their own approaches.
- **VABPs often emerge at institutions with a strong commitment to serving adult/nontraditional learners, including significant institutional infrastructure that supports online learning and PLA.** It is notable that several VABPs are offered in an online format, which

is often significantly more accessible to adult learners and military students. More importantly, however, many of the institutions offering VABPs had robust PLA processes already in place. Institutions that already have the capacity to offer nontraditional forms of educational attainment for adult learners may be well positioned to develop VABPs.

- **Most of the VABPs are relatively new, with the overwhelming majority being less than five years old.** METC itself is fairly new and only began partnering to help build VABPs in 2010. We might expect to eventually see higher enrollment numbers as these programs become better established within their respective institutions and educational/economic contexts.
- **Effective military healthcare bridge programs implement focused, long-term efforts to recruit veterans, meeting veterans where they are, even prior to their discharge from service.** This strategy has included establishing a presence at VA centers, local military installations, or existing military training and educational institutions, such as the METC.
- **Effective marketing and recruitment focuses on how interested veterans can leverage their prior learning to accelerate completion of the program.** A key selling point for VABP programs is that they provide a way for veterans to earn the credentials they need while saving time and money because of the PLA or crosswalk opportunities. Marketing and recruitment efforts should explicitly outline the amount of potential savings veterans might attain in time and cost by enrolling in a bridge program as opposed to a traditional program focused on the same field.
- **Crosswalks allow for universal and specific credit awards for military training.** While all of the surveyed programs implemented some form of individualized PLA evaluation, only a few programs and institutions made explicit use of crosswalks. While both approaches are effective in meeting the veteran student where they are in terms of existing skills and knowledge, crosswalk programs provide a slightly easier path for the veteran. Institutions interested in

easing the transitions for veterans with healthcare backgrounds might consider how to utilize more crosswalk approaches when there are large numbers of veterans who might benefit.

- **Model programs also offer essential support and wraparound services for veterans.** Indeed, many of these programs, such as those at University of the Incarnate Word and Alamo Colleges, have a long history of, and established reputation for, providing focused and dedicated support services to veterans. This can include specialized admissions and financial aid counseling, transitional support in finding employment and housing, ongoing academic and advising support while the veteran is enrolled, as well as career advising and placement following graduation. Successful bridge programs take place not only within the context of a strong institutional commitment to adult learning and continuing education, but also to veterans and military personnel specifically.

GENERAL RECOMMENDATIONS FOR FUTURE VABPS

Following these trends and the implications they carry for the development of VABP programs nationally, we can make a number of recommendations for other higher education institutions that may consider developing similar programs:

1. **Conduct an inventory of local needs and military resources prior to program development.** Given the wide variety of bridge programs that exist, as well as the diverse healthcare careers and pathways that they address, it is possible to identify a model that addresses a similar variety of economic and educational contexts. As no one-size-fits-all bridge program model exists, it is incumbent upon the government agencies, local workforce development organizations, and higher education institutions planning the development of a bridge program to fully assess the particular strengths, needs, and resources

of the institution housing the program, the local economy, and the veteran population being targeted. The greater the alignment between these contextual components, the better suited that program will be, not only to growth and success, but to effectively addressing the challenges under consideration.

2. **Ensure an institutional commitment to adult learners, including veterans, by employing PLA to recognize learning however it has been acquired.** An institution with experience in assessment in general, and PLA in particular, has a potential advantage in developing and implementing VABP programs for veterans. Not only will faculty and staff already understand what PLA is and how to offer it with appropriate academic rigor, but the administrative structures and processes required to administer and evaluate PLA will have already been standardized, making any alterations required in the particular case of veterans much more straightforward to implement; less time and effort must be spent in building and maintaining these structures and gaining faculty buy-in for PLA practices.
3. **Develop and implement long-term, targeted program outreach, marketing, and recruitment.** The practices of the model programs surveyed indicate that the more targeted outreach, marketing, and recruitment an institution performs, the higher its enrollment numbers and the greater its impact. This includes targeting outreach not only to a specific segment of veterans—whether by service or occupation/MOS—but also to local military installations, VA centers, and through other channels with connections to service members and veterans. Furthermore, the development of a long-term outreach strategy aimed at increasing awareness of a program among enlisted soldiers will serve to develop early interest and consideration of both the program as well as the possibility of pursuing a career in healthcare following discharge. Active duty personnel may then choose to start a VABP while still on active duty.
4. **Clearly communicate the program’s PLA and crosswalk options as well as its potential time and cost savings within marketing and enrollment information.** Marketing and recruitment around a program must go beyond simple awareness in order to be successfully implemented. An apparent shortfall of several bridge programs is the failure to clearly communicate the potential cost and time savings of a military bridge program versus its traditional professional equivalent. If these savings remain vague or tentative, particularly in promotional and admissions material, there is significantly less incentive for a veteran to consider, much less enroll in, the program.
5. **Develop structured curriculum crosswalks, ideally in partnership with the METC.** A practice that will aid in the implementation of the previous recommendation, the development of specific and detailed curriculum crosswalks identifying correspondences between the training of the veteran occupation being targeted (Army medic 68W being most relevant to our consideration) and program learning outcomes is being significantly underutilized by military bridge programs. While crosswalks may conceivably require greater preparatory development work than individual PLA methods, they carry the added benefit of helping an institution to simultaneously develop the structures necessary for more effective articulation and transfer processes. In the particular case of veterans’ healthcare crosswalks, this development process may be aided significantly by working in closer partnership with the METC. At the same time, a closer partnership with the METC will allow the opportunity for greater promotion and recruitment at the source of veterans being targeted (in following with recommendation #3). In addition, programs should consider the credit recommendations listed in the American Council on Education’s online military PLA guide.
6. **Develop holistic institutional approaches to offering veterans support services.** Finally, it is clear that successful programs exist not only within a culture that values and nurtures non-traditional, adult, and professional learners but

also specifically values and supports veteran learners. Any bridge program development must occur alongside a simultaneous analysis and development of total support services offered to veterans within the institution. The ongoing development of advising and support services, provided by a dedicated and trained staff, will not only act as an additional draw to the program but will also foster higher rates of completion among students.

CONCLUSION: THE FUTURE OF VETERAN TO CIVILIAN HEALTHCARE CAREER ALIGNMENT

As many others have recognized, including the federal government, veterans groups, and healthcare organizations, increasing numbers of returning veterans with healthcare training, particularly Army medics, may offer one potential solution to the developing healthcare workforce shortage in the United States. However, while the training that Army medics receive is substantial, gaps still exist between a medic's military training and the learning and credentials

determined to be necessary to act in a licensed capacity, especially within nursing. By recognizing relevant military learning through individualized prior learning assessment or through crosswalks, higher education credentialing programs can help support larger healthcare workforce development strategies that work to bridge these learning gaps among veterans. It is important to allow Army medics to attain the credentials they need to enter the healthcare workforce as quickly and efficiently as possible, for a range of professional options such as nurses, paramedics, physician assistants, paramedics, and others.

A number of programs currently exist that are already striving to streamline the pathways required to move veterans with healthcare training into civilian healthcare careers. As various institutions and their partners work to develop these kinds of programs, it will be important for them to consider the practices, trends, and lessons provided by the most successful models in order to develop the most effective and efficient programs possible. Our hope is that other higher education institutions will find this information helpful to expand those programs already being offered to veteran medics as well as to innovate and establish new programs to address needs not currently being met around this crucial workforce and education issue.

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APPENDIX

To learn more about other veteran accelerated or bridge programs designed to help military veterans transition to civilian healthcare careers, please see the online appendix at www.cael.org/pdfs/CAEL_VABPAppendix.



We advocate and innovate on behalf of adult learners to increase access to education and economic security. We provide adults with career guidance and help them earn college credit for what they already know. We equip colleges and universities to attract, retain, and graduate more adult students. We provide employers with smart strategies for employee development. We build workforce organizations' capacity to connect worker skills to employer demands.

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55 E Monroe
Suite 2710
Chicago, IL 60603
Ph: 312-499-2600
Fax: 312-499-2601
www.cael.org