



Candidate Information	
First and Last Name:	
ACSA User ID:	
Course Name for Equivalency:	

Details of Equivalent Course Taken	
Course Name:	
Duration of Course:	
Date Completed	
Institution / Course Provider:	

Topics Covered in the Course

Main Learning Objectives

Reason for Requesting Equivalency (Select All That Apply)	
Existing Document for Review	New Document
<input type="checkbox"/> Required for current job <input type="checkbox"/> Required for future employment <input type="checkbox"/> Career/Professional development <input type="checkbox"/> Required for site access or compliance	<input type="checkbox"/> Course was quicker to complete <input type="checkbox"/> Flexible schedule/self-paced <input type="checkbox"/> Course was more affordable <input type="checkbox"/> Other:

Please include proof of course completion and the institution's syllabus with your application

For ACSA Use Only			
Course Taken Within Past 3 Years:		Not Exceeding 5 Courses in Total:	
Challenge Test Required	Yes	No	
Reviewer:		Date:	