Career-Technical Credit Transfer (CT)^2
Verification of Course Completion Form for Construction Technology

Instructions: Students complete Part I of this form and submit it to their career-technical teacher/CTE official to complete Part II and Part III. To ensure award of credit, all parts of the form and evidence that the student has met all requirements for accessing the credit should be submitted together to each institution of the student’s choice. The Verification of Course Completion Form must be sent by a school official and not submitted by the student.

PART I: To be completed by the student requesting verification.

<table>
<thead>
<tr>
<th>First Name:</th>
<th>Last Name:</th>
<th>Middle Initial:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Date of Birth: ____________________________

High School Graduation Date: ____________________________

Home Address: ______________________________________

Primary Phone: ____________________________ Secondary Phone: ____________________________

Email: ______________________________________

Please send this form to the following college/university:

Not sure if the institution you’re interested in attending offers a similar program? You can check to see where you may be eligible to receive credit by visiting the Transfer to Degree Guarantee site and selecting “Construction” from the program list (Step 1) and the school district you attended (Step 2).

Name of Institution: ______________________________________

College Department/Office: ______________________________________

Address: ______________________________________

Name of Institution: ______________________________________

College Department/Office: ______________________________________

Address: ______________________________________

Student Signature: ____________________________ Date: ____________________________
**PART II: To be completed by a teacher/official from the career-technical education institution.**

### Construction Technology

<table>
<thead>
<tr>
<th>ODE Course</th>
<th>EMIS Code</th>
<th>CTAN</th>
<th>CTAN Name</th>
<th>Credit hours (semester)</th>
<th>Term course completed (Term/Year)</th>
<th>Initial here to indicate that the student has met all requirements to access post-secondary credit*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan Reading</td>
<td>178019</td>
<td>CTCON001</td>
<td>Plan Reading</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Construction Safety and Crew Leadership</td>
<td>178018</td>
<td>CTCON002</td>
<td>Construction Safety (OSHA 30 Hour Safety)</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carpentry and Masonry Technical Skills</td>
<td>178001</td>
<td>CTCON003</td>
<td>Construction Methods and Materials</td>
<td>3</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*The student must successfully complete the course and earn the required score on the WebXam. Please ensure that the student earned the required score at the time the exam was taken. Students must access the credit within three years of graduation.*

<table>
<thead>
<tr>
<th>ODE Course</th>
<th>EMIS Code</th>
<th>CTAN</th>
<th>CTAN Name</th>
<th>Required WebXam Score by Academic Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan Reading</td>
<td>178019</td>
<td>CTCON001</td>
<td>Plan Reading</td>
<td>64 or higher</td>
</tr>
<tr>
<td>Construction Safety and Crew Leadership</td>
<td>178018</td>
<td>CTCON002</td>
<td>Construction Safety (OSHA 30 Hour Safety)</td>
<td>64 or higher</td>
</tr>
<tr>
<td>Carpentry and Masonry Technical Skills</td>
<td>178001</td>
<td>CTCON003</td>
<td>Construction Methods and Materials</td>
<td>75 or higher</td>
</tr>
</tbody>
</table>

Students must also possess a current and valid OSHA 30-hour card in general construction.

CTAG/CTAN approval may be verified by visiting the [Course Reporting System](#).
Part III: To be completed by an administrator/director from the CTE institution.

Name of institution: ____________________________________________________________

Address: ____________________________________________________________________

Name of (CT)² Contact Person: _________________________________________________

Title of (CT)² Contact Person: ________________________________________________

Phone: ______________________________________________________________________

Email: ______________________________________________________________________

Signature of (CT)² Contact Person: _____________________________________________

Date: _______________________________________________________________________

Contact Information

If problems arise during the process, contact the appropriate institution representative:
  • Higher Education Institution
  • Career-Technical Education Institution

Questions about CTAG requirements may be directed to Ohio Articulation and Transfer Network staff at:

  Shane DeGarmo        Nikki Wearly
  614.644.6767          614.728.2662
  sdegarmo@highered.ohio.gov  nwearly@highered.ohio.gov

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