Career-Technical Credit Transfer (CT)²
Verification of Course Completion Form for Criminal Justice

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.

First Name: ___________________________ Last Name: ___________________________
Middle Initial: ______
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 “Criminal Justice CT” 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: ___________________________

Updated September 30, 2019
**PART II: To be completed by a teacher/official from the career-technical education institution.**

### Criminal Justice

<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>The American Criminal Justice System</td>
<td>170911</td>
<td></td>
<td>Introduction to Criminal Justice</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Police Work and Practice in Public Safety</td>
<td>170913</td>
<td>CTCJ001</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Correctional System and Services</td>
<td>170915</td>
<td></td>
<td></td>
<td></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.

### Required WebXam Score by Academic Year

<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>The American Criminal Justice System</td>
<td>170911</td>
<td></td>
<td>Introduction to Criminal Justice¹</td>
<td>47 or higher, 47 or higher, 47 or higher, 47 or higher</td>
</tr>
<tr>
<td>Police Work and Practice in Public Safety</td>
<td>170913</td>
<td>CTCJ001</td>
<td></td>
<td>56 or higher, 56 or higher, 56 or higher, 56 or higher</td>
</tr>
<tr>
<td>Correctional System and Services</td>
<td>170915</td>
<td></td>
<td></td>
<td>60 or higher, 60 or higher, 60 or higher, 60 or higher</td>
</tr>
</tbody>
</table>

¹All three courses must be successfully completed and WebXam requirements must be met for each course in order to be eligible to access credit.

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: _____________________________________________________________________

OFFICIAL SEAL OR STAMP HERE

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

Updated September 30, 2019