Career-Technical Credit Transfer (CT)²
Verification of Course Completion Form for Exercise Science

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:

Name of Institution: __________________________

College Department/Office: __________________________

Address: __________________________

Name of Institution: __________________________

College Department/Office: __________________________

Address: __________________________

Student Signature: __________________________ Date: __________________________

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 “Exercise Science” from the program list (Step 1) and the school district you attended (Step 2).
PART II: To be completed by a teacher/official from the career-technical education institution.

Exercise Science

<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>Exercise and Athletic Training</td>
<td>072000</td>
<td>CTES001</td>
<td>Introduction to Exercise Science</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fitness Evaluation and Assessment</td>
<td>072020</td>
<td>CTES002</td>
<td>Fitness and Health Foundations</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>Exercise and Athletic Training</td>
<td>072000</td>
<td>CTES001</td>
<td>Introduction to Exercise Science</td>
<td>56 or higher</td>
</tr>
<tr>
<td>Fitness Evaluation and Assessment</td>
<td>072020</td>
<td>CTES002</td>
<td>Fitness and Health Foundations</td>
<td>61 or higher</td>
</tr>
</tbody>
</table>

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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