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

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 “Medical Assisting” 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.

#### Medical Assisting

<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>N/A</td>
<td>N/A</td>
<td>CTMAT004</td>
<td>Basic Administrative Functions</td>
<td>1</td>
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<tr>
<td>N/A</td>
<td>N/A</td>
<td>CTMAT005</td>
<td>Perform Bookkeeping Functions</td>
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<tr>
<td>N/A</td>
<td>N/A</td>
<td>CTMAT006</td>
<td>Process Insurance Claims</td>
<td>3</td>
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<tr>
<td>N/A</td>
<td>N/A</td>
<td>CTMAT008</td>
<td>Fundamental Procedures</td>
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<td>N/A</td>
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<td>CTMAT009</td>
<td>Specimen Collection</td>
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<tr>
<td>N/A</td>
<td>N/A</td>
<td>CTMAT010</td>
<td>Diagnostic Testing</td>
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<td>N/A</td>
<td>CTMAT011</td>
<td>Patient Care</td>
<td>5</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*The applicant must provide proof to the receiving institution that they: 1) hold the CMA-AAMA or RMAAMT credential; and 2) have completed a medical assisting program approved by the Ohio Department of Education.

CTAG/CTAN approval may be verified by visiting the [Course Reporting System](http://CourseReportingSystem).
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	Nikki Wearly
614.644.6767	614.728.2662
sdegarmo@highered.ohio.gov	nwearly@highered.ohio.gov

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