



**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**

ODE Course	EMIS Code	CTAN	CTAN Name	Credit hours (semester)	Term course completed (Term/Year)	Initial here to indicate that the student has met all requirements to access post-secondary credit*
N/A	N/A	CTMAT004	Basic Administrative Functions	1		
N/A	N/A	CTMAT005	Perform Bookkeeping Functions	2		
N/A	N/A	CTMAT006	Process Insurance Claims	3		
N/A	N/A	CTMAT008	Fundamental Procedures	3		
N/A	N/A	CTMAT009	Specimen Collection	2		
N/A	N/A	CTMAT010	Diagnostic Testing	2		
N/A	N/A	CTMAT011	Patient Care	5		

*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](#).

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:

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