

**Career-Technical Credit Transfer (CT)²
Verification of Course Completion Form for Nursing-LPN to ADN**

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 "Nursing 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:** _____

PART II: To be completed by a teacher/official from the career-technical education institution.**Nursing-LPN to ADN**

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
CTPNNUR001	Practical Nursing to Pre-licensure Associate Degree Nursing	30% of the nursing technical credits		

Institutional requirements (higher education) and credit conditions:

1. The receiving institution must have a pre-licensure registered nurse (RN) education program approved by the Ohio Board of Nursing.
2. The applicant must provide proof to the receiving institution that they hold a current license to practice as a Licensed Practical/Vocational Nurse.
3. The applicant must provide proof to the receiving institution that they have completed a pre-licensure practical nurse education program approved by the Ohio Department of Education and the Ohio Board of Nursing.
4. The applicant must have successfully completed the standard statewide transition course [based on the transition course endorsed by the Ohio Nursing Articulation Model (ONAM)].
5. Formal admission to the pre-licensure registered nurse education program of the receiving institution.
6. Candidates for graduation from collegiate or university programs may have to satisfy additional degree requirements associated with the basic related or general education studies.
7. Admission requirements of individual institutions and/or programs are unaffected by the implementation of CT² outcomes.
8. Institutional residency requirements may affect the amount of transfer credit.

CTAG/CTAN approval may be verified by visiting the [Course Reporting System](#). Students must access the credit within three years of graduation.

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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