# Ohio | Department of Higher Education

## Career-Technical Credit Transfer (CT)²
## Verification of Course Completion Form for Pharmacy Technician

**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 "Pharmacy Technician" 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.**

### Pharmacy Technician

| 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 | CTPT001 | Introduction to Pharmacy Technician | 5 | | |
| N/A | N/A | CTPT002 | Pharmacy Concepts | 5 | | |
| N/A | N/A | CTPT003 | Pharmacy Laboratory/Clinical Experience | 3 | | |

*Current and valid Pharmacy Technician Certification Board certification is required in order to access CTAG credit.

CTAG/CTAN approval may be verified by visiting the Course Reporting System.

Student Name_____

**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:** _____

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OFFICIAL SEAL OR
STAMP HERE
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**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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614.644.6767                       614.728.2662
sdegarmo@highered.ohio.gov        nwearly@highered.ohio.gov

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