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: ___________________________

Updated September 30, 2019
PART II: To be completed by a teacher/official from the career-technical education institution.

<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>CTPT001</td>
<td>Introduction to Pharmacy Technician</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td>N/A</td>
<td>CTPT002</td>
<td>Pharmacy Concepts</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td>N/A</td>
<td>CTPT003</td>
<td>Pharmacy Laboratory/Clinical Experience</td>
<td>3</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*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](#).
**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  
614.644.6767  
sddegarmo@highered.ohio.gov

Nikki Wearly  
614.728.2662  
nwearly@highered.ohio.gov

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