

**Career-Technical Credit Transfer (CT)<sup>2</sup>  
Verification of Course Completion Form for Safety**

**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 "Safety" 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.****Safety**

<b>ODE Course</b>	<b>EMIS Code</b>	<b>CTAN</b>	<b>CTAN Name</b>	<b>Credit hours (semester)</b>	<b>Term course completed (Term/Year)</b>	<b>Initial here to indicate that the student has met all requirements to access post-secondary credit*</b>
N/A	N/A	CTS001	10-Hour Safety	1		

\*The student must possess a current and valid OSHA 10-Hour Safety Card.

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)<sup>2</sup> Contact Person:** \_\_\_\_\_

**Title of (CT)<sup>2</sup> Contact Person:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Signature of (CT)<sup>2</sup> 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:

Shane DeGarmo  
614.644.6767  
[sdegarmo@highered.ohio.gov](mailto:sdegarmo@highered.ohio.gov)

Nikki Wearly  
614.728.2662  
[nwearly@highered.ohio.gov](mailto:nwearly@highered.ohio.gov)