



Career-Technical Credit Transfer (CT)²

Verification of Course/Program Completion for Health Information Management

Student: Complete Part I of this form then give it to your teacher. Request an official high school or GED transcript to be sent to each college/university of your choice in addition to this form. Part II and III are to be completed by a school official.

Part I: To be completed by **Student** requesting verification:

First Name: _____ Last Name: _____ Middle Initial: _____

College ID Number (if known) : _____ Date of Birth: _____

High School Graduation Date/Adult Workforce Education Program Completion Date _____

Home Address: _____

Daytime Phone: () _____ Cell Phone: () _____

Email: _____

Please send this form to the following college/university and department/office:

Name of Institution: _____

College Department/Office: _____

Address: _____

Signature of Requesting Student: _____ Date: _____

Credentials Needed for Credit: <https://bit.ly/2kE75XI>

Part II.

Should be completed by a school official and must include program completion dates and initials.

Part II: To be completed by **Sending/Verifying Institution (Career-Technical Institution).**

Health Information Management

CTAN	CTAN NAME	Term Completed (with a "C" or better) Term/yyyy	Institution is approved for CTAN (mark all lines that apply)	Initial all lines that student has completed
CTHIM001	Intro to Health Information Management (ODE Course: 072135)			
CTHIM002	Legal and Ethical Aspects of Health Information Management (ODE Course: 072140)			

Medical Terminology*

CTMT001	Medical Terminology (ODE Course: 072150)			
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Check for CTAN Approvals <https://goo.gl/TrzmJu>

*Medical Terminology CTAN is an optional CTAN that not all institutions offer. Only mark if the Medical Terminology course (072150) end of course assessment is taken.

NOT OFFICIAL WITHOUT PART III*. STUDENT MUST NOT HAND-CARRY

*Administrators may request Part III of the Verification Form <https://oatnkb.ohiohighered.org/> or call 614.752.9474