



Career-Technical Credit Transfer (CT)²

Verification of Course Completion Form for Medical Management and Support

Student: Complete **Part I** of this form and give it to your career technical teacher to complete **Part II**. Your teacher/school administrator will also download and complete **Part III**. To ensure award of credit, all parts of the form and the End-of-Course Exam (WebXam) Scores should be sent together as a packet to each college/university of your choice. The Verification of Course Completion Form must be sent by the high school administration /not hand carried by the student.

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 _____

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.

Must be completed by a school official and must include course completion dates and initials.

Note: only programs with approval qualify for credit.

Part II: To be completed by **Career Technical Center/High School Official**

Medical Management and Support

CTAN	CTAN NAME	Initial ONLY IF the Student Completed the Course with a "C" or better final grade <i>Term/yyyy</i>	Initial ONLY IF the Institution is approved for CTAN (mark all lines that apply/ <u>check program approval before initialing or awarding credit</u>)	Student has passed the WebXam (official scores and Part III must be attached)
CTMMS001	Medical Office Procedures (ODE Course: 145015) Passing Score of 67 or higher			Yes / No

** Check for CTAN Approval here: <https://goo.gl/TrzmJu>

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

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