



Career-Technical Credit Transfer (CT)²

Verification of Course/Program Completion for Nursing – LPN to ADN

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: <http://goo.gl/4m0WID>

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).

Nursing – LPN to ADN

CTAN	CTAN NAME	Program Course Completion Date (mm/dd/yyyy)	Institution is approved for CTAN Match (mark all lines that apply)
	LPN Nursing Program		

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

*Administrators may request Part III of the Verification Form from Ryan Cupp (rcupp@regents.state.oh.us 614.752.9474)