



Department of
Higher Education

Career-Technical Credit Transfer (CT)²

Verification of Course/Program Completion for OSHA 10 Hour Safety

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 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)**. Continued on Page 2

Safety

CTAN	CTAN NAME	Term Completed Term/yyyy	Institution is approved for CTAN?	Initial all lines that student has completed
CTS001	OSHA 10 Hour Safety			

Check for CTAN Approvals <https://goo.gl/TrzmJu>

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