



Career-Technical Credit Transfer (CT)²

Verification of Course/Program Completion for Pharmacy Technician

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).**

Pharmacy Technician

CTAN	CTAN NAME	Institution is approved for CTAN (mark all lines that apply)	Initial all lines that student has completed
CTPT001	Introduction to Pharmacy Technician		
CTPT002	Pharmacy Concepts		
CTPT003	Pharmacy Laboratory/Clinical Experience		

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 from Ryan Cupp (rcupp@highered.ohio.gov 614.752.9474)