

Carpenter

Recognized by the Provincial Apprenticeship Committee for the Carpenter trade on February 4, 2015

Successfully Completed ✓	Course Code	Course Name
<input type="checkbox"/>	CRA3900	Apprenticeship Safety
<input type="checkbox"/>	CRA3402	Building Materials
<input type="checkbox"/>	CRA3407	Hand Tools Theory
<input type="checkbox"/>	CRA3412	Hand Tools Practical
<input type="checkbox"/>	CRA3417	Portable Power Tools
<input type="checkbox"/>	CRA3422	Stationary Tools
<input type="checkbox"/>	CRA3427	Accessory Tools
<input type="checkbox"/>	CRA3432	Building Foundations
<input type="checkbox"/>	CRA3437	Foundations Theory
<input type="checkbox"/>	CRA3442	Foundations Practical
<input type="checkbox"/>	CRA3447	Floor Frames
<input type="checkbox"/>	CRA3452	Sketching and Drawing
<input type="checkbox"/>	CRA3457	Drawing Principles
<input type="checkbox"/>	CRA3462	Math Concepts
<input type="checkbox"/>	CRA3467	Estimating

All courses listed on this CTS Course Completion Record are required and must be instructed by an individual with journey person certification in the **Carpenter** trade, i.e. an individual holding a trade certificate recognized in Alberta.

Courses listed on this CTS Course Completion Record are available at Alberta Education’s website at <https://education.alberta.ca/career-and-technology-studies.aspx>. Instructors are obligated to teach the courses as prescribed, approved and authorized by Alberta Education pursuant to the *Education Act*.

I CERTIFY THAT: _____ has successfully completed all courses in the _____
Student Name
 CTS Apprenticeship Pathway for the trade of **Carpenter** on _____
Date

following the requirements for program recognition and advanced standing as referenced in the CTS Apprenticeship Pathways information document available at <http://tradesecrets.alberta.ca/about-us/forms-and-references/>.

School Name	Phone	School Authority
School Principal Signature		Name of School Principal <i>Please Print</i>
Secondary Teacher Signature		Name of Secondary Teacher <i>Please Print</i>
Journey person Instructor Signature		Name of Journey person Instructor <i>Please Print</i>
		Trade Certificate No.
For Department Use Only		
Approved by AIT Staff		Date

A COPY OF THIS FORM MUST BE RETAINED BY THE APPLICANT