

Communication Technician

Recognized by the Provincial Apprenticeship Committee for the Communication Technician trade on September 25, 2014

Successfully Completed ✓	Course Code	Course Name
<input type="checkbox"/>	CTA3900	Apprenticeship Safety
<input type="checkbox"/>	CTA3400	Electricity Fundamentals
<input type="checkbox"/>	CTA3405	AC/DC
<input type="checkbox"/>	CTA3410	Basic Electricity
<input type="checkbox"/>	CTA3415	Math
<input type="checkbox"/>	CTA3420	Outside Cabling
<input type="checkbox"/>	CTA3425	Inside Cabling
<input type="checkbox"/>	CTA3430	Telephone Basics
<input type="checkbox"/>	CTA3435	Switching & Equipment
<input type="checkbox"/>	CTA3440	Network Fundamentals
<input type="checkbox"/>	CTA3445	Network Devices & IP

All courses listed on this CTS Course Completion Record are required and must be instructed by an individual with journey person certification in the **Communication Technician** 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 **Communication Technician** 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