IMPORTANT NOTICE: Completion of this form is necessary for consideration for certification. Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

CERTIFICATION OF EDUCATION

SUPPORTING DOCUMENT

ED

APPLICANT: Complete the applicant section of this form, then; forward it to the school for completion		
of the remainder of the form.		
1. Last Name First Middle	2. Date of Birth	3. Social Security Number
4. Address (Street, City, Country, Postal Code)	5. REFER TO REFERENCE SHEET: Record profession name and three-digit profession code for which you are making Illinois application.	
6. Maiden or Given Surname	Profession Name	Profession Code
7. Name of Institution Attended	8. Date of Graduation/Completion	
I hereby authorize a school official of the institution named above to furnish to the Illinois Department of Financial and Professional Regulation or its designated testing service the information requested below.		
Signature of Applicant	I	Date
SCHOOL OFFICIAL: Complete the bottom portion of this page and the reverse side. RETURN THE COMPLETED FORM TO THE APPLICANT.		
A. Name of Institution	B. Institution Address (Street,	City, Country, Postal Code)
C. Department of Institution	D. Specific Program/Curriculum Concentration of Applicant	
E. Major Area of Study of the Applicant	F. Applicant Was (Check One): □Full-time □ Part-time □ Co-op	
G. Credit Hours Earned (Check One and Complete) G. Credit Hours Earned (Check One and Complete) G. Credit Hours G. Course Hours	H. Dates of Attendance From: To: Month/Day/Year Month/Day/Year	
I. (Choose Either Academic or Calendar)	J. Type of Degree or Certificate Awarded (e.g., BA, MA, MD, PhD)	
Yrs Months Days		
□Total Calendar Years Attended:		
Yrs Months Days K. Date that Degree or Certificate Requirements Were Met	L. Date that Degree or Certification	ate Was Conferred
Month/Day/Year	Month/Da	ay/Year
M. Check the Appropriate Statement(s) and Complete	□ Applicant completed program	m on
Month/Day/Year		Month/Day/Year
Applicant will graduated on Month/Day/Year	Applicant will complete prog	ram on Month/Day/Year

N. If education program was completed in less than the normally required time, please explain below:

O. Use this space to record any other information that you feel would assist the department in evaluating the applicant's educational experiences.

ATTENTION APPLICANT: FOR INCLUSION WITH THE APPLICATION PACKET.