

**IMPORTANT NOTICE:** Completion of this form is necessary for consideration for licensure under 225 of the Illinois Compiled Statutes. 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. NAME      LAST                  FIRST                  MIDDLE  	2. DATE OF BIRTH  ___/___/___ Month    Day        Year	3. SSN OR ITIN  ___ - ___ - ____
4. ADDRESS    STREET, CITY, STATE, ZIP CODE  	5. REFER TO REFERENCE SHEET. Record profession name and three digit profession code for which you are making Illinois application.  <div style="display: flex; justify-content: space-around;"> <span>_____</span> <span>_____</span> </div> <div style="display: flex; justify-content: space-around;"> <span>Profession Name</span> <span>Profession Code</span> </div>	
6. MAIDEN OR GIVEN SURNAME  	8. DATE OF GRADUATION / COMPLETION  ___/___/___ Month    Day        Year	
7. NAME OF INSTITUTION ATTENDED  	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.  <div style="display: flex; justify-content: space-between;"> <span>_____</span> <span>_____</span> </div> <div style="display: flex; justify-content: space-between;"> <span>Date</span> <span>Signature of Applicant</span> </div>	

**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. ADDRESS OF INSTITUTION    STREET, CITY, STATE, ZIP CODE  
C. DEPARTMENT OF INSTITUTION  	D. SPECIFIC PROGRAM OR CURRICULUM CONCENTRATION OF APPLICANT  
E. MAJOR AREA OF STUDY OF THE APPLICANT  	F. APPLICANT WAS (CHECK ONE):  <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Co-op
G. CREDIT HOURS EARNED (CHECK ONE AND COMPLETE) <input type="checkbox"/> _____ Semester Hours <input type="checkbox"/> _____ Quarter Hours <input type="checkbox"/> _____ Course Hours	H. DATES OF ATTENDANCE From ___/___/___      To ___/___/___ Month Day        Year                      Month Day        Year
I. Total academic years attended    ___/___/___ Years    Months    Days <b>OR</b> Total calendar years attended    ___/___/___ Years    Months    Days	J. TYPE OF DEGREE OR CERTIFICATE AWARDED (e.g., B.A., M.A., M.D., Ph.D.)  
K. DATE THAT DEGREE OR CERTIFICATE REQUIREMENTS WERE MET  ___/___/___ Month Day        Year	L. DATE THAT DEGREE OR CERTIFICATE WAS CONFERRED  ___/___/___ Month Day        Year
M. CHECK THE APPROPRIATE STATEMENT(S) AND COMPLETE  <input type="checkbox"/> Applicant has graduated on ___/___/___ <input type="checkbox"/> Applicant has completed program on ___/___/___ Month Day        Year    Month Day        Year <input type="checkbox"/> Applicant will graduate on ___/___/___ <input type="checkbox"/> Applicant will complete program on ___/___/___ Month Day        Year    Month Day        Year	
N. IF EDUCATION PROGRAM WAS COMPLETED IN LESS THAN THE NORMALLY REQUIRED TIME, PLEASE EXPLAIN:  	

O. USE THIS SPACE TO RECORD ANY OTHER INFORMATION THAT YOU FEEL WOULD ASSIST THE DEPARTMENT IN EVALUATING THE APPLICANT'S EDUCATIONAL EXPERIENCES.

I certify that the information recorded herein is true and correct according to the official records of this institution.

\_\_\_\_\_

Print Name of School Official

\_\_\_\_\_

Signature of School Official

\_\_\_\_\_

Title

\_\_\_\_\_

Date

SCHOOL SEAL OR NOTARY SEAL

**NOTE:** If the institution does not have a school seal, this form must be notarized.

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_

Date of Expiration

\_\_\_\_\_

Signature of Notary Public

**SCHOOL OFFICIAL: RETURN THIS FORM TO APPLICANT**

**ATTENTION APPLICANT: FOR INCLUSION WITH THE APPLICATION PACKET.**