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

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not being processed.					
APPLICANT: Complete the applicant section of this form, then forward it to the school for completion of the remainder of the form.					
	2. DATE OF BIRTH 3. SOCIAL SECURITY NUMBER				
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.				
6. MAIDEN OR GIVEN SURNAME					
	Profession Name Profession Code				
7. NAME OF INSTITUTION ATTENDED 8	B. DATE OF GRADUATION / COMPLETION / / Month Day Year				
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.					
Date	Signature of Applicant				
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): ☐ Full-time ☐ Part-time ☐ Co-op				
G. CREDIT HOURS EARNED (CHECK ONE AND	H. DATES OF ATTENDANCE From / / To / / Month Day Year Month Day Year				
I. Total academic years attended OR Years Months Days 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 ///	L. DATE THAT DEGREE OR CERTIFICATE WAS CONFERRED				
M. CHECK THE APPROPRIATE STATEMENT(S) AND COMPLETE					
Applicant has graduated on / / Applicant has completed program on / / Year					
Applicant will graduate on / / Applicant will complete program on / / Month Day Year					
N. IF EDUCATION PROGRAM WAS COMPLETED IN LESS THAN THE NORMALLY REQUIRED TIME, PLEASE EXPLAIN:					

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O. USE THIS SPACE TO RECORD ANY THE APPLICANT'S EDUCATIONAL E.		U FEEL WOULD ASSIST TH	E DEPARIMENT IN EVALUATING	
I certify that the information record	ded herein is true and correct ac	ccording to the official rec	ords of this institution.	
Print Name of School	J Official	Signature of	School Official	
Print Name of School	of Official	Signature of	Scriool Ollicial	
Title		С	Pate	
SCHOOL SEAL OR NOTARY SEAL	NOTE: If the institution doe	es not have a school seal,	this form must be notarized.	
	Subscribed and sworn befo	re me this day of _	, 20	
	Date of Expiration	Signatu	ure of Notary Public	
SCHOOL OFFICIAL: RETURN THIS FORM TO APPLICANT				
ATTEN	ITION APPLICANT: FOR INCLUSION	WITH THE APPLICATION PAGE	CKET.	
		ED -	Certification of Education - Page 2 of 2	