Student Attestation for Professional Licensure Programs

An attestation is required by Federal regulation, § 668.14(b)(32)(i) and (ii) for a student to be admitted to a distance education program where the program does not meet the educational requirements for professional licensure in the state where the student lives.

This Attestation discloses my intentions and plans for professional licensure upon program completion.

Applicant Information

First Name: * Last Name: * Middle Name:

Check the box if you *(the student)* have ever gone by a different name.

SDBOR Student ID Number:

Student's Cell Phone Number: * Student's E-mail Address: *

Date of Birth: *

** ***If the information displayed on your form is not accurate, please update your biographical information here.*** **

Program Information

Current primary institution: *

Current Primary Program: **Current Program Code:**

Professional Licensure Program: -- Please Select -- **PL Program Code:**

The program selections may take a moment to load before you can select them.

Semester you will begin this program:

* -- Please Select --

I hereby make the following attestation:

I confirm that on the first day of the semester in which I begin the professional licensure program noted above, I will be living (i.e, physically located) in the following state:

*

I agree and understand that I must promptly notify the university if my location changes.

I acknowledge that the university has informed me that the program noted above does not meet the educational requirements for professional licensure in the state where I will be located at the time of initial enrollment. I further confirm that the University has advised me of alternative options and resources related to my pursuit of professional licensure and I hereby submit this attestation intentionally and voluntarily.

I attest that upon successful completion of the program noted above, I plan to seek professional licensure/certification and employment in the following state where the program currently meets the educational requirements for professional licensure:

* -- Please Select --

The information provided herein is true and complete to the best of my knowledge.

*

Signature Date

Student Signature _____ Date: _____