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

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.				
1. NAME LAST FIRST MIDDLE 2	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			
	/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 p FORM TO THE APPLICANT.	page and the reverse side. RETURN THE COMPLETED			
A. NAME OF INSTITUTION	B. ADDRESS OF INSTITUTION STREET, CITY, STATE, ZIP CODE			
University of Illinois Springfield	One University Plaza, MS BRK 332 Springfield IL 62703-5407			
C. DEPARTMENT OF INSTITUTION	D. SPECIFIC PROGRAM OR CURRICULUM CONCENTRATION OF APPLICANT			
Counseling and Social Work	Clinical Mental Health Counseling			
E. MAJOR AREA OF STUDY OF THE APPLICANT Human Development Counseling: Clinical Mental Health Counseling	F. APPLICANT WAS (CHECK ONE):			
G. CREDIT HOURS EARNED	H. DATES OF ATTENDANCE			
(CHECK ONE AND Semester Hours COMPLETE) Quarter Hours Course Hours	From / / To / / Month Day Year Month Day Year			
I. Total academic years attended	J. TYPE OF DEGREE OR CERTIFICATE AWARDED (e.g., B.A., M.A., M.D., Ph.D.)			
Total calendar years attended				
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///   Month Day Year	Applicant has completed program on///			
Applicant will graduate on//	Applicant will complete program on///			
N. IF EDUCATION PROGRAM WAS COMPLETED IN LESS THAN THE	NORMALLY REQUIRED TIME, PLEASE EXPLAIN:			

USE THIS SPACE TO RECORD AN' THE APPLICANT'S EDUCATIONAL E	Y OTHER INFORMATION THAT YOU EXPERIENCES.	FEEL WOULD ASSIS	T THE DEPARTMENT	IN EVALUATING
certify that the information reco	rded herein is true and correct acc	cording to the offic	ial records of this ins	titution.
certify that the information reco	rded herein is true and correct acc	cording to the offic	ial records of this ins	titution.
certify that the information reco	rded herein is true and correct acc	cording to the offic	ial records of this ins	ititution.
certify that the information record			ial records of this ins	titution.
				titution.
Print Name of School Title		Signa	ture of School Official  Date	
Print Name of School Title	NOTE: If the institution does	Signa not have a school	ture of School Official  Date  seal, this form must	be notarized.
Print Name of School Title	ol Official ————————————————————————————————————	Signa not have a school	ture of School Official  Date  seal, this form must	be notarized.
Print Name of School Title	NOTE: If the institution does	not have a school me this da	ture of School Official  Date  seal, this form must	be notarized
Print Name of School Title SCHOOL SEAL OR NOTARY SEAL	NOTE: If the institution does Subscribed and sworn before	not have a school me this da	ture of School Official  Date  seal, this form must  y of	be notarized
Print Name of School Title SCHOOL SEAL OR NOTARY SEAL	NOTE: If the institution does Subscribed and sworn before	not have a school me this da	ture of School Official  Date  seal, this form must  y of	be notarized