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.

SUPPORTING DOCUMENT

ED

| CERTIFICATION | OF | EDUCATION |
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| then forward it to the school for completion of the remainder | | | | |
|---|--|--|--|--|
| 2. DATE OF BIRTH 3. SOCIAL SECURITY NUMBER // | | | | |
| 5. REFER TO REFERENCE SHEET. Record profession name and three digit profession code for which you are making Illinois application. | | | | |
| Profession Name Profession Code | | | | |
| 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. | | | | |
| Signature of Applicant | | | | |
| page and the reverse side. RETURN THE COMPLETED | | | | |
| B. ADDRESS OF INSTITUTION STREET, CITY, STATE, ZIP CODE One University Plaza MS BRK 332 Springfield IL 62703-5407 | | | | |
| D. SPECIFIC PROGRAM OR CURRICULUM CONCENTRATION OF APPLICANT | | | | |
| Community Counseling | | | | |
| F. APPLICANT WAS (CHECK ONE): | | | | |
| H. DATES OF ATTENDANCE From// To// Month Day Year Month Day Year | | | | |
| J. TYPE OF DEGREE OR CERTIFICATE AWARDED (e.g., B.A., M.A., M.D., Ph.D.) | | | | |
| | | | | |
| L. DATE THAT DEGREE OR CERTIFICATE WAS CONFERRED | | | | |
| //Year | | | | |
| | | | | |
| Applicant has graduated on / / Applicant has completed program on / | | | | |
| Applicant will graduate on/// Applicant will complete program on/// | | | | |
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| | | econding to the official records of | |
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| I certify that the information record | ed herein is true and correct a | iccording to the official records of t | this institution. |
| Print Name of School | Official | Signature of School Of | ficial |
| Title | | Date | |
| SCHOOL SEAL OR NOTARY SEAL | NOTE: If the institution do | es not have a school seal, this forr | n must be notarized. |
| | Subscribed and sworn befo | re me this day of | , 20 |
| | Date of Expiration | Signature of Nota | ary Public |
| SCHO | OOL OFFICIAL: RETUR | N THIS FORM TO APPLICAN | т |
| ATTEN | TION APPLICANT: FOR INCLUSIO | N WITH THE APPLICATION PACKET. | |
| IL486-1306 03/06 (LT) | | ED - Certificatio | on of Education - Page 2 of 2 |

O. USE THIS SPACE TO RECORD ANY OTHER INFORMATION THAT YOU FEEL WOULD ASSIST THE DEPARTMENT IN EVALUATING

THE APPLICANT'S EDUCATIONAL EXPERIENCES.