CERTIFICATION OF EDUCATION

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

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

7. NAME OF INSTITUTION ATTENDED

8. DATE OF GRADUATION / COMPLETION

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, then RETURN TO THE APPLICANT IN A SEALED ENVELOPE.

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 COMPLETE)

  □ _______ Semester Hours
  □ _______ Course Hours
  □ _______ Quarter Hours

H. DATES OF ATTENDANCE

I. Total academic years attended

   OR

   Total calendar years attended

J. TYPE OF DEGREE OR CERTIFICATE AWARDED (e.g., B.A., M.A., 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 _______ / _______ / _______

  □ Applicant will graduate on _______ / _______ / _______
  □ Applicant will complete program on _______ / _______ / _______

N. IF EDUCATION PROGRAM WAS COMPLETED IN LESS THAN THE NORMALLY REQUIRED TIME, PLEASE EXPLAIN:

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 430/1 et. seq. (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.
### Subjects

<table>
<thead>
<tr>
<th>Subject</th>
<th>Instructors</th>
<th>Number of Hours</th>
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<td>1. Fact Taking - Case History Studies</td>
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<td>2. General Theory</td>
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<td>3. Instrumentation</td>
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<td>4. Physical Settings for Examinations</td>
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<td>5. Question Formulation</td>
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<td>6. Pre-test Interviews</td>
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<td>7. Behavior Symptom Analysis</td>
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<td>8. Simulation and Calming Techniques</td>
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<td>9. Types of Test and Test Procedures</td>
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<td>10. Chart Interpretation</td>
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<td>11. Completion and Analysis of Required Reports</td>
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<td>12. History of Polygraph</td>
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<td>13. Ethics</td>
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<td>14. Interrogation</td>
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<td>15. Practical Experience</td>
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<td>16. Physiological Aspects</td>
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<td>17. Psychological Aspects</td>
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<tr>
<td>18. Legal Aspects</td>
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</tbody>
</table>

**Total**

Under penalties of perjury, I declare that the information I have 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

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

Subscribed and sworn before me this _____ day of ________________, __________.

Date of Expiration

Signature of Notary Public