

**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.

## CERTIFICATION OF EDUCATION

SUPPORTING DOCUMENT

# ED-DOD

**APPLICANT:** Complete the applicant section of this form, then forward it to the school for completion of the remainder of the form.

<b>1. NAME</b> LAST                      FIRST                      MIDDLE	<b>2. DATE OF BIRTH</b> ____/____/____ Month      Day                      Year	<b>3. SOCIAL SECURITY NUMBER</b> ____ - ____ - ____
<b>4. ADDRESS</b> STREET, CITY, STATE, ZIP CODE	<b>5. REFER TO REFERENCE SHEET.</b> Record profession name and three digit profession code for which you are making Illinois application.  _____ Profession Name                      Profession Code	
<b>6. MAIDEN OR GIVEN SURNAME</b>		
<b>7. NAME OF INSTITUTION ATTENDED</b>	<b>8. DATE OF GRADUATION / COMPLETION</b> ____/____/____ 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, then **RETURN TO THE APPLICANT IN A SEALED ENVELOPE.**

<b>A. NAME OF INSTITUTION</b>	<b>B. ADDRESS OF INSTITUTION</b> -STREET, CITY, STATE, ZIP CODE
<b>C. DEPARTMENT OF INSTITUTION</b>	<b>D. SPECIFIC PROGRAM OR CURRICULUM CONCENTRATION OF APPLICANT</b>
<b>E. MAJOR AREA OF STUDY OF THE APPLICANT</b>	<b>F. APPLICANT WAS (CHECK ONE):</b> <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Co-op
<b>G. CREDIT HOURS EARNED (CHECK ONE AND COMPLETE)</b> <input type="checkbox"/> _____ Semester Hours <input type="checkbox"/> _____ Course Hours <input type="checkbox"/> _____ Quarter Hours	<b>H. DATES OF ATTENDANCE</b> From ____/____/____      To ____/____/____ Month      Day      Year                      Month      Day      Year
<b>I. Total academic years attended</b> ____/____/____ Month      Day      Year <b>OR</b> <b>Total calendar years attended</b> ____/____/____ Month      Day      Year	<b>J. TYPE OF DEGREE OR CERTIFICATE AWARDED</b> (e.g., B.A., M.A., Ph.D.)
<b>K. DATE THAT DEGREE OR CERTIFICATE REQUIREMENTS WERE MET</b> ____/____/____ Month      Day      Year	<b>L. DATE THAT DEGREE OR CERTIFICATE WAS CONFERRED</b> ____/____/____ Month      Day      Year
<b>M. CHECK THE APPROPRIATE STATEMENT(S) AND COMPLETE</b>	
<input type="checkbox"/> Applicant has graduated on ____/____/____ Month      Day      Year	<input type="checkbox"/> Applicant has completed program on ____/____/____ Month      Day      Year
<input type="checkbox"/> Applicant will graduate on ____/____/____ Month      Day      Year	<input type="checkbox"/> Applicant will complete program on ____/____/____ Month      Day      Year
<b>N. IF EDUCATION PROGRAM WAS COMPLETED IN LESS THAN THE NORMALLY REQUIRED TIME, PLEASE EXPLAIN:</b>	

COMPLETE THE FOLLOWING

SUBJECTS	INSTRUCTORS	NUMBER OF HOURS	
		REQUIRED	COMPLETED
1. Fact Taking - Case History Studies		5	
2. General Theory		10	
3. Instrumentation		10	
4. Physical Settings for Examinations		5	
5. Question Formulation		25	
6. Pre-test Interviews		25	
7. Behavior Symptom Analysis		15	
8. Simulation and Calming Techniques		10	
9. Types of Test and Test Procedures		25	
10. Chart Interpretation		25	
11. Completion and Analysis of Required Reports		10	
12. History of Polygraph		10	
13. Ethics		5	
14. Interrogation		25	
15. Practical Experience		30 Exams	
16. Physiological Aspects		25	
17. Psychological Aspects		15	
18. Legal Aspects		15	
<b>TOTAL</b>			

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

SCHOOL SEAL OR NOTARY SEAL

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

**RETURN THIS FORM TO APPLICANT**

NAME (Last, First, MI):

SS#:

Profession: