IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 430/1 et. seq. (Illinois Compiled Statues). 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

31							
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	Profession Name Profession Code						
7. NAME OF INSTITUTION ATTENDED	8. DATE OF GRADUATION / COMPLETION						
I hereby authorize a school official of the institution named a 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 <u>RETURN TO THE</u> <u>APPLICANT IN A SEALED ENVELOPE</u> .							
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):						
G. CREDIT HOURS EARNED (CHECK ONE AND COMPLETE)	H. DATES OF ATTENDANCE						
Quarter Hours	From// To// Month Day Year Month Day Year Month Day Year Year Month Day Year Year Month Day Year Year Month Day Year Year J. TYPE OF DEGREE OR CERTIFICATE AWARDED (e.g., B.A.,						
^{1.} Total academic years attended////	M.A., Ph.D.)						
Total calendar years attended /// Month Day Year K. DATE THAT DEGREE OR CERTIFICATE REQUIREMENTS WERE	L. DATE THAT DEGREE OR CERTIFICATE WAS CONFERRED						
MET//	/// Month Day Year						
M. CHECK THE APPROPRIATE STATEMENT(S) AND COMPLETE							
Applicant has graduated on///	Applicant has completed program on///						
,	Applicant will complete program on///						
N. IF EDUCATION PROGRAM WAS COMPLETED IN LESS THAN THE NORMALLY REQUIRED TIME, PLEASE EXPLAIN:							

COMPLETE THE FOLLOWING								
	SUBJECTS		INSTR	RUCTORS	NUMBER C	COMPLETED		
1.	Fact Taking - Case History	Studies			5			
2.	General Theory				10			
3.	Instrumentation				10			
4.	Physical Settings for Exami	nations			5			
5.	Question Formulation				25			
6.	Pre-test Interviews				25			
7.	Behavior Symptom Analysis	6			15			
8.	Simulation and Calming Tec	chniques			10			
9.	Types of Test and Test Proc	cedures			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			
				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.								
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								