

**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-PRE

**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 _____ / _____ / _____ <small>Month      Day              Year</small>	2. DATE OF BIRTH _____ / _____ / _____ <small>Month      Day              Year</small>	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.  <div style="display: flex; justify-content: space-around;"> <span>_____</span> <span>_____</span> </div> <div style="display: flex; justify-content: space-around;"> <span>Profession Name</span> <span>Profession Code</span> </div>	
6. MAIDEN OR GIVEN SURNAME _____	7. NAME OF INSTITUTION ATTENDED _____	
8. DATE OF GRADUATION / COMPLETION _____ / _____ / _____ <small>Month      Day              Year</small>		

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.**

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): <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
G. CREDIT HOURS EARNED (CHECK ONE AND COMPLETE) <input type="checkbox"/> _____ Semester Hours <input type="checkbox"/> _____ Course Hours <input type="checkbox"/> _____ Quarter Hours	H. DATES OF ATTENDANCE From _____ / _____ / _____ To _____ / _____ / _____ <small>Month      Day              Year              Month      Day              Year</small>
I. Total academic years attended    _____ Years    _____ Months    _____ Days <b>OR</b> Total calendar years attended    _____ Years    _____ Months    _____ Days	J. TYPE OF DEGREE OR CERTIFICATE AWARDED (e.g., B.A., M.A., Ph.D.) _____
K. DATE THAT DEGREE OR CERTIFICATE REQUIREMENTS WERE MET _____ / _____ / _____ <small>Month      Day              Year</small>	L. DATE THAT DEGREE OR CERTIFICATE WAS CONFERRED _____ / _____ / _____ <small>Month      Day              Year</small>
M. CHECK THE APPROPRIATE STATEMENT(S) AND COMPLETE  <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Applicant has graduated on _____ / _____ / _____  <small>Month      Day              Year</small> </div> <div style="width: 45%;"> <input type="checkbox"/> Applicant has completed program on _____ / _____ / _____  <small>Month      Day              Year</small> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <input type="checkbox"/> Applicant will graduate on _____ / _____ / _____  <small>Month      Day              Year</small> </div> <div style="width: 45%;"> <input type="checkbox"/> Applicant will complete program on _____ / _____ / _____  <small>Month      Day              Year</small> </div> </div>	

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

NAME (Last, First, MI):

SS#:

Profession:

O. PRE-PROFESSIONAL UNDERGRADUATE EDUCATION

NAME OF INSTITUTION	LOCATION (City and State)	DATES OF ATTENDANCE From ___ / ___ / ___ Month Day Year To ___ / ___ / ___ Month Day Year	CREDIT HOURS <input type="checkbox"/> _____ Semester <input type="checkbox"/> _____ Quarter
NAME OF INSTITUTION	LOCATION (City and State)	DATES OF ATTENDANCE From ___ / ___ / ___ Month Day Year To ___ / ___ / ___ Month Day Year	CREDIT HOURS <input type="checkbox"/> _____ Semester <input type="checkbox"/> _____ Quarter

P. USE THIS SPACE TO RECORD ANY OTHER INFORMATION THAT YOU FEEL WOULD ASSIST THE DEPARTMENT IN EVALUATING THE APPLICANT'S EDUCATIONAL EXPERIENCES.

I certify that the information 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 \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_

Date of Expiration

\_\_\_\_\_

Signature of Notary Public

**RETURN THIS FORM TO APPLICANT**