

### Professional Licensure Attestation Form

If you have been notified by letter that the program for which you have applied does not currently meet the educational requirements for licensure in your state of residence, this attestation form must be completed and returned to the Registrar ([registrar@shawneecc.edu](mailto:registrar@shawneecc.edu)) before you can enroll in courses.

#### Student Information:

Name: \_\_\_\_\_

Program of Study: \_\_\_\_\_

#### Attestation Statement

I, the undersigned, acknowledge the following:

1. I have been informed that the [Program Name] **does not meet** the state educational requirements for licensure or certification in the state of [Current Residence State], where I currently reside and/or am located at the time of my enrollment.
2. I have been informed that the [Program Name] **does meet** the state educational requirements for licensure or certification in the state of \_\_\_\_\_.
3. I hereby affirm that I **intend to seek employment** in the state of \_\_\_\_\_ following my completion of this program.
4. I understand that this attestation is being made voluntarily and based on my personal post-graduation plans, and I understand that it allows me to enroll in this program despite my current state's licensure incompatibility.
5. I understand that my intent to seek employment in another state does **not guarantee licensure**, and it remains my responsibility to ensure I meet all licensure requirements of the state in which I ultimately apply for licensure.
6. I confirm that I have received, read, and understood the professional licensure disclosures provided to me by [Institution Name].

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_