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

not being processed.				
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	. DATE OF GRADUATION / COMPLETION			
Loyola University Chicago	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. RETURN THE COMPLETED FORM TO THE APPLICANT.				
A. NAME OF INSTITUTION	B. ADDRESS OF INSTITUTION STREET, CITY, STATE, ZIP CODE			
Loyola University Chicago	820 N. Michigan Ave., Chicago IL 60611			
c. department of institution School of Social Work	D. SPECIFIC PROGRAM OR CURRICULUM CONCENTRATION OF APPLICANT Clinical Social Work			
E. MAJOR AREA OF STUDY OF THE APPLICANT	F. APPLICANT WAS (CHECK ONE):			
Social Work	☐ Full-time ☐ Part-time ☐ Co-op			
G. CREDIT HOURS EARNED (CHECK ONE AND Semester Hours COMPLETE) Quarter Hours Course Hours	H. DATES OF ATTENDANCE From / / To / / Month Day Year Month Day Year			
I. Total academic years attended	J. TYPE OF DEGREE OR CERTIFICATE AWARDED (e.g., B.A., M.A., M.D., Ph.D.)			
Total calendar years attended Years Months Days	MSW			
K. DATE THAT DEGREE OR CERTIFICATE REQUIREMENTS WERE MET	T L. DATE THAT DEGREE OR CERTIFICATE WAS CONFERRED			
///	Month Day Year			
M. CHECK THE APPROPRIATE STATEMENT(S) AND COMPLETE				
Applicant has graduated on // Applicant has completed program on //				
Applicant will graduate on//				
N. IF EDUCATION PROGRAM WAS COMPLETED IN LESS THAN THE NORMALLY REQUIRED TIME, PLEASE EXPLAIN:				

NAME
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First,
<u>M</u>):
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O. USE THIS SPACE TO RECORD ANY THE APPLICANT'S EDUCATIONAL EX	OTHER INFORMATION THAT YOU REPLENCES	DU FEEL WOULD ASSIST THE	DEPARTMENT IN EVALUATING	
THE ALLEGANTO EDOCATIONAL EX	A EMENOLO.			
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I certify that the information record	led herein is true and correct a	according to the official recor	ds of this institution.	
Amy Greenberg, LCS				
Print Name of Schoo	l Official	Signature of S	chool Official	
Assistant Dean of Stu	udent Affairs			
Title		Dai	re	
SCHOOL SEAL OR NOTARY SEAL				
SCHOOL SEAL ON NOTAKT SEAL	NOTE: If the institution do	oes not have a school seal, t	his form must be notarized.	
	Subscribed and sworn bef	ore me this day of	, 20	
	Date of Expiration	Signature	e of Notary Public	
SCH	OOL OFFICIAL: RETUR	RN THIS FORM TO APPL	ICANT	
ATTEN	ITION ADDI ICANT. EOD INCLUSIO	N WITH THE ADDI ICATION BACK	ret.	
ATTEN	ITION APPLICANT: FOR INCLUSIO	N WITH THE APPLICATION PACE	KET.	