

# CERTIFICATE OF PROFESSIONAL EDUCATION

**TO BE COMPLETED BY THE APPLICANT.** Please complete the top portion of this form; including your signature and date, and send to the appropriate educational institution where the professional degree was obtained.

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Degree: \_\_\_\_\_

Degree: \_\_\_\_\_

Major: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**TO BE COMPLETED BY THE EDUCATIONAL INSTITUTION.** Return directly to: Division of Occupational and Professional Licenses

Mailing address: PO Box 83720 Boise, ID 83720-0063. Physical address: 11351 W. Chinden Blvd Bldg. #6 Boise ID 83714

**Dates of Attendance:**

**From (Date)**

**To (Date)**

	From (Date)	To (Date)
<b>First Year</b>		
<b>Second Year</b>		
<b>Third Year</b>		
<b>Fourth Year</b>		

As an authorized official of the named institution, I hereby certify that the above named applicant has completed all graduation requirements and has therefore been awarded such degree as is noted above.

\_\_\_\_\_  
Name of Educational Institution

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Type or print your name

(SEAL)

\_\_\_\_\_  
Institution Affiliation/Credentials

\_\_\_\_\_  
Your signature

\_\_\_\_\_  
Date