
I am a prospective student interested in enrolling in an educational program that may lead to professional licensure/certification at Southern State Community College.

I, <First and Last Name>, understand that the <Name of Professional Licensure Program> program at SSCC does not meet educational requirements for professional or occupational licensure or state certification in the state in which I am currently located, < State/Territory > . I acknowledge and understand that I will not qualify for licensure in < State/Territory > . Pursuant to the U.S. Department of Education certification procedure regulations, I understand that I cannot enroll in this program unless I attest that I plan to relocate to a state or seek employment in a state where <Name of Professional Licensure Program> program at SSCC does meet educational requirements for professional or occupational licensure or state certification.

I hereby attest and confirm that I plan to move and seek employment in < State/Territory > after completing the program at SSCC I acknowledge that SSCC has determined using all reasonable efforts that <Name of Professional Licensure Program> program meets educational requirements for licensure in < State/Territory > . I confirm I have reviewed the general licensure disclosures provided by SSCC.

I understand that educational and other requirements can change and that other factors, including but not limited to criminal background, work experience, and/or additional training, coursework or testing may affect my eligibility for licensure and/or employment in the <27.66Td [(o(JTjT04 Tc -0.004 14 [(<f0 (f)7 (f)73 (s)71 ()T (ou)7 (e)3p(l)5 (i)5 (s)7

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