## Out of State Student Attestation

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, understand that the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ program does not meet educational requirements for professional or occupational licensure, or the Albany State Unviersity is not aware whether the program meets educational requirements for professional or occupational licensure of my home state of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I acknowledge that the educational activities of the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ program may not qualify me for licensure in my home state of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I attest that I plan to seek licensure and employment in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ after completing the program.

Albany State University cannot guarantee that I will qualify for licensure in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ after completing the program, as laws, educational requirements, and additional requirements (e.g. work experience, background checks, etc.) are subject to change. I acknowledge that I should contact any state where I may be interested in becoming licensed upon graduation to ensure I fully understand my licensure, certification, and employment options in that state.

I understand that the most reliable information on licensure and certification comes directly from the applicable state licensure board or agency/entity.

I submit this attestation voluntarily and knowingly. Student Signature

Date