



Attestation of Program Completion and Licensure Understanding

I, [Name] _____, hereby attest and acknowledge the following:

1. I understand that the program in which I intend to enroll at the Gordon State College is designed to culminate in a degree that may lead to professional licensure in the field of [Program Field] _____ upon successful completion.

2. I further acknowledge that the attainment of licensure is contingent upon fulfilling state-specific requirements, which may vary from one state to another. It is my responsibility to be informed of and to comply with all requirements for licensure in the state in which I intend to seek employment and professional certification.

3. I hereby confirm that I have reviewed the licensure requirements of the state where I intend to practice my profession upon graduation, [State Name] _____, and whether the program at the Gordon State College in which I intend to enroll is compatible with those requirements.

4. I acknowledge the following regarding my program's alignment with licensure exam criteria in the above-named state:

[] (Initial if applicable) My program at the Gordon State College meets all necessary criteria for me to take the licensure exam in the state that I have chosen.

[] (Initial if applicable) My program at the Gordon State College does not meet the criteria for me to take the state licensure exam in the state that I have chosen.

5. This attestation serves as my acknowledgment that I understand that the state that I want to work in after graduation is either compatible or not compatible with the program that I am enrolled in at the Gordon State College.

By signing this attestation, I declare that the information provided herein is accurate and truthful to the best of my knowledge and belief.

[Student Signature]

Date

Please print this form, provide the requested information, and email a scanned image of the completed document as part of your program admission package.