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

Ε	D

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	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	8. 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	D. SPECIFIC PROGRAM OR CURRICULUM CONCENTRATION OF	
School of Social Work	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	H. DATES OF ATTENDANCE	
(CHECK ONE AND Semester Hours COMPLETE) Quarter Hours	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	MSW	
K. DATE THAT DEGREE OR CERTIFICATE REQUIREMENTS WERE MET	L. DATE THAT DEGREE OR CERTIFICATE WAS CONFERRED	
//// Month Day Year	//Year	
M. CHECK THE APPROPRIATE STATEMENT(S) AND COMPLETE		
Applicant has graduated on/// Applicant has completed program on//// Year		
Applicant will graduate on///	Applicant will complete program on////	
N. IF EDUCATION PROGRAM WAS COMPLETED IN LESS THAN THE NORMALLY REQUIRED TIME, PLEASE EXPLAIN:		

NAME (Last, First, MI): THE APPLICANT'S EDUCATIONAL EXPERIENCES. I certify that the information recorded herein is true and correct according to the official records of this institution. SS# Amy Greenberg, LCSW, MA.Ed, PEL Print Name of School Official Signature of School Official Assistant Dean of Student Affairs Title Date SCHOOL SEAL OR NOTARY SEAL **NOTE:** If the institution does not have a school seal, this form must be notarized. Subscribed and sworn before me this _____ day of ____ __, 20_ _. **Profession:** Date of Expiration Signature of Notary Public SCHOOL OFFICIAL: **RETURN THIS FORM TO APPLICANT** ATTENTION APPLICANT: FOR INCLUSION WITH THE APPLICATION PACKET.

O. USE THIS SPACE TO RECORD ANY OTHER INFORMATION THAT YOU FEEL WOULD ASSIST THE DEPARTMENT IN EVALUATING