

CAMERON UNIVERSITY
Professional Licensure Attestation Form



Student First Name

Student Last Name

CU ID#

CU Program Name

Location

Date

Student Acknowledgment:

I, _____, understand and acknowledge that the _____ Program at Cameron University does not meet the educational requirements to allow me to be eligible for licensure in my Location as outlined on the University's Professional Licensure Disclosures site [<https://www.cameron.edu/consumerinformation>]. In accordance with federal law, I understand I may not enroll in the Program if I intend to seek licensure in my Location.

However, I represent, warrant, and attest that I do not intend to seek licensure in my Location upon completing the educational requirements for my Program. Instead, I intend to obtain licensure and/or seek employment in the state or territory of _____ upon completing the educational requirements for my Program. I have checked the University's general disclosures to verify that the Program does meet the educational requirements for licensure in the state where I intend to obtain licensure or seek employment.

I represent, warrant, and attest that I understand that if, after enrollment, I change my plans and intend to seek licensure in a different state, there is a possibility that the Program may not meet the educational requirements in that state. Should my Location change or should my future licensure or employment plans change, I will notify Cameron University to receive the appropriate disclosures and information about the licensing requirements of the new state.

I have had the opportunity to review this attestation and ask any questions that I may have. I verify that the above information is accurate to the best of my knowledge and belief.

Student Printed Name

Student Signature