

Student Attestation Form for Professional Licensure Programs

This form is intended to be completed only after the student has met with the appropriate ESF representative to discuss licensure processes.

Student Name:

Student ID Number:

Major:

Many professions and certifications are governed by state or territorial regulations. These regulations often dictate specific educational requirements for licensure or certification. For this reason, some of SUNY ESF programs or courses that lead to professional licensure and/or certification in New York State may not meet the educational requirements of all states and territories. The attestation process ensures that students engage in the decision-making process with full awareness and consent.

I am interested in enrolling, or have enrolled, in a professional licensure or certification program at SUNY ESF. I have been informed that the licensure program at SUNY ESF is designed to meet the requirements for licensure in New York State.

I understand that if my current permanent (home) address is outside of New York State, I am prohibited by federal rule from being admitted into this Certification/Licensure program unless I submit this attestation.

Please initial each statement below, acknowledging that you have read and understood them.

☐

I understand that if my current permanent (home) address is outside of New York State, I am prohibited by federal rule from being admitted into this Certification/Licensure program unless I submit this attestation.

☐

I understand that if my permanent home address changes to an address outside of New York State while enrolled, this attestation will become mandatory.

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I confirm I have reviewed the general licensure disclosures provided by SUNY ESF that can be found at this webpage: Student Consumer Information (<https://www.esf.edu/consumer/index.php>). I understand that SUNY ESF is committed to working with me to determine my options if I choose to seek employment outside of New York State.

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I acknowledge that I should contact any state or country in which I may be interested in becoming licensed upon graduation to ensure I fully understand my employment options in that state or country. The most reliable information comes directly from the applicable state licensure board or agency/entity.

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I hereby attest and confirm that I plan to enroll or remain enrolled in a licensure program that is designed and approved for the State of New York.

I intend to seek licensure or employment in the following state:

I knowingly and voluntarily submit this attestation.

Student Signature:

Date:

SUNY ESF Department Chair or Representative Processing:

SUNY ESF Department Chair or Representative Meeting/Communication Date:

Communication Done by:

Student Accepted to the Program for Term:

Notes/Comments:

Signature: