Southwest Baptist University

Professional Licensure Disclosure Acknowledgment and Attestation

For Students Residing Outside Missouri

Southwest Baptist University (SBU) participates in the National Council for State Authorization Reciprocity Agreements (NC-SARA). Certain academic programs are designed to prepare students for professional licensure or certification. Because licensure requirements vary by state, SBU is required to provide disclosures regarding whether its programs meet educational requirements for licensure in the student's state of residence. [nc-sara.org]

Student Information

Student Name:

Student ID Number:

Program:

State of Residence

Anticipated Degree Completion Date:

Professional Licensure Disclosure

I understand that professional licensure and certification requirements are established by individual state licensing boards and may differ from Missouri requirements.

For my state of residence, Southwest Baptist University has determined that:

☐ The program **meets** educational requirements for licensure/certification.

☐ The program **does not meet** educational requirements for licensure/certification.

☐ Southwest Baptist University **has not made a determination** regarding whether the program meets educational requirements for licensure/certification.

Student Attestation

By signing below, I acknowledge and affirm that:

1. I have received and reviewed the professional licensure disclosure related to my program and state of residence.
2. I understand that licensure requirements vary by state and may change over time.

3. I understand that completion of an academic program does not guarantee eligibility for professional licensure, certification, or employment.
4. I understand that it is my responsibility to contact the appropriate licensing agency in the state where I intend to seek licensure, certification, or employment to verify current requirements.
5. I understand that if I relocate to another state while enrolled, I should notify Southwest Baptist University and may be required to review updated licensure information.
6. I acknowledge that I have had the opportunity to ask questions regarding professional licensure requirements and the information provided by Southwest Baptist University.
7. I voluntarily choose to enroll in or continue enrollment in this program with a full understanding of the information provided above.

Additional Acknowledgment

(Complete only if the program does not meet requirements or a determination has not been made.)

☐ I understand that Southwest Baptist University has informed me that my program either does not meet, or has not yet been determined to meet, the educational requirements for professional licensure in my state of residence.

☐ I nevertheless elect to enroll in or continue enrollment in this program and accept responsibility for determining whether the program will satisfy licensure requirements in the state where I intend to seek licensure or employment.

Student Initials: _____

Student Signature

Student Signature: _____

Date: _____

Southwest Baptist University Representative

Representative Name: _____

Title: _____

Signature: _____

Date: _____

Records Retention Statement

This attestation will be maintained as part of the student's educational record by Southwest Baptist University and may be used to document compliance with federal professional licensure disclosure regulations and NC-SARA requirements.
