



## STUDENT ATTESTATION FORM

Student Name: \_\_\_\_\_

Current City/State: \_\_\_\_\_

SBC ID # (if known): \_\_\_\_\_ Academic Program/Major \_\_\_\_\_

Thank you for your interest in one of Sitting Bull College's professional licensure programs. We are excited to have you as part of our community! Please note that certain limitations may exist regarding where your licensure or certificate will be valid following graduation. Before proceeding with enrollment, carefully review and acknowledge the following important information regarding professional licensure in your state or territory.

Please initial each of the following statements:

1. \_\_\_\_\_ **Acknowledgment of State Licensure Status**

I understand the program I am interested in may not currently meet the licensure requirements for my state. If I enroll and complete the program, I may not be eligible for licensure where I currently reside, which could affect my employment opportunities. I understand that SBC may be unable to enroll me in this program unless I intend to reside in a state or territory where the program meets licensure requirements.

2. \_\_\_\_\_ **Licensure Disclosure Review**

I confirm that I have reviewed the general professional licensure disclosures provided by SBC on the College's website at [SBC WEBSITE HERE](#). I understand that if I plan to reside in a state where the program meets the licensure requirements, I may proceed with enrollment.

3. \_\_\_\_\_ **State-Specific Information**

I understand it is my responsibility to contact the appropriate licensure board or agency in any state or territory outside North Dakota where I may seek employment to confirm requirements and determine my eligibility for licensure. I submit this attestation knowingly and voluntarily.

If applicable to your future career plans, please initial the following statement:

4. \_\_\_\_\_ **Intended Relocation Statement**

I attest that I do not plan to remain in my current state (listed above) after completing the SBC program. Instead, I intend to relocate to North Dakota or \_\_\_\_\_, a state where the program curriculum aligns with state licensure requirements.

Student Name (printed): \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Please scan or photograph, and return to [admissions@sittingbull.edu](mailto:admissions@sittingbull.edu) or mail to:

**Sitting Bull College Admissions**

9299 Hwy 24

Fort Yates, ND 58538