

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
SCHOOL VERIFICATION FORM

THIS FORM NEED ONLY BE COMPLETED IF THE APPLICANT EARNED A BACCALAUREATE DEGREE OUTSIDE OF THE UNITED STATES.

Applicant: Complete Section 1 and forward to your education program.

Section 1:

Name of Applicant: _____

Date of Birth: _____ Year of Graduation _____

Section 2: (This section to be completed by the school.)

This office has received an application for Connecticut athletic trainer licensure from the individual identified above. In order to complete our review of this individual's credentials for licensure, a verification of educational background is needed. The information below should be completed by the Dean, Registrar or other official authorized to verify educational records at the institution.

Name of Educational Institution: _____

Address of Educational Institution: _____

Dates of Studies FROM: _____ TO: _____

Was this individual granted a degree? YES: ____ NO: ____ Title of Degree: _____

Date Awarded: _____

At the time of this student's attendance, was school legally chartered to grant postsecondary degrees in the country in which located? YES: ____ NO: ____

Signature

Date

Title

Please return this form directly to:

Connecticut Department of Public Health
Athletic Trainer Licensure
410 Capitol Ave, MS #12 APP
P.O. Box 340308
Hartford, CT 06134
Fax: (860) 707-1982