



## License Acknowledgement

By my signature below, I certify that:

My State license to practice is in good standing, and that there are no actions pending to revoke, suspend, or surrender my license.

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

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

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

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

**Attached is a copy of my current license and a copy of my professional diploma.**