



Student Information:

Full Name:

\_\_\_\_\_
Last First Middle

Intended Program of Study: \_\_\_\_\_

Statement of Understanding:

I, \_\_\_\_\_, acknowledge that I have read and understand the implications of the State Authorization Reciprocity Agreement (SARA) regulations as they pertain to my enrollment in distance education programs or other programs leading to licensure offered by Nicolet College. I understand that SARA is an agreement among member states, districts, and territories that establishes comparable national standards for the interstate offering of postsecondary distance education courses and programs.

I understand that licensure and certification requirements vary by state, and while Nicolet College provides information about licensure eligibility, I am responsible for verifying requirements in the state where I plan to work or seek licensure. If I reside outside Wisconsin, I acknowledge that my ability to obtain licensure in another state depends on that state's specific regulations and requirements.

Compliance and Agreement:

I acknowledge that Nicolet College has informed me of the licensure status for my intended program in my state and that final determination of eligibility for licensure is at the discretion of the appropriate licensing board in that state. I attest that I intend to work/practice in the State of Wisconsin or other state/territory where my intended program 'Meets' licensure or certificate requirements upon the completion of my course of study. Further, I attest that I will comply with all SARA regulations, including providing accurate location information and adhering to any licensure requirements that may apply based on my location.

I understand that, under SARA, I have the right to file complaints regarding distance education courses or programs. If I have concerns, I must first follow Nicolet College's grievance procedure. If my complaint remains unresolved, I understand that I may file a complaint with the Wisconsin Distance Learning Authorization Board (DLAB), as required under SARA policies. I acknowledge that while SARA authorizes interstate distance education, it does not grant automatic approval for professional licensure or certification in any state. I am responsible for ensuring that my program meets state-specific licensing criteria.

By signing this document, I certify that I have read and understand the contents of this attestation and agree to abide by the terms and conditions outlined herein.

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

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

Institution Representative Name (printed): \_\_\_\_\_

Institution Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For questions or more information please contact us:

Nicolet College Admissions
PO Box 518, 5364 College Drive, Rhinelander, WI 54501
E-mail: admissions@nicoletcollege.edu | Telephone: 715.365.4493 | Fax: (715) 365-4901

Internal Use only

Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_

Staff member initial: \_\_\_\_\_