

## NC SARA Attestation Form

This form serves to inform students that the program they are enrolling in may not meet professional licensure requirements in their state of residence.

Students who are currently enrolled in or planning to enroll in the programs listed below and who reside in the corresponding states must complete this attestation form to ensure compliance with NC-SARA regulations. Residency is determined based on the address provided in the admissions application on file at West Virginia Northern Community College.

Licensed Practical Nursing, CAS	Nursing, AAS	Early Childhood: Care and Education, AAS
California Hawaii Maine Mississippi New Hampshire North Carolina North Dakota Oklahoma Vermont Virginia	California Illinois Kansas Maine New Hampshire North Carolina Vermont Virginia	Georgia Maine Minnesota New York Ohio Pennsylvania

### Student Information:

- **Name:** \_\_\_\_\_
- **Contact Details:** \_\_\_\_\_
- **State of Residence:** \_\_\_\_\_
- **Program Enrolling In:** \_\_\_\_\_

### Acknowledgment:

I, \_\_\_\_\_ (student's name), acknowledge that the program I am enrolling in may not meet the licensure requirements in my state of residence, \_\_\_\_\_ (state of residence). I understand that it is my responsibility to verify the licensure requirements in my state and that the institution has informed me of this potential issue.

### Potential States for Employment (if applicable):

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

### Institution Responsibility:

The institution offering this program is responsible for providing this attestation form and ensuring that I understand its implications. I have been informed that while the basic structure of this form is consistent across SARA states, specific wording may vary depending on state regulations.

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