

For the purpose of obtaining a temporary license, the Letter of Completion may be submitted 3 weeks prior to graduation or any time after graduation, in lieu of an official transcript, when it is confirmed that all degree requirements have been met and the official transcript with the final degree awarded is not yet available.

Applicant: Complete the top portion and submit to the school or program.

School or Program: For the purpose of obtaining a temporary license, this form may be completed <u>3 weeks</u> prior to graduation or any time after graduation, in lieu of an official transcript, when it is confirmed that all degree requirements have been met and the official transcript with the final degree awarded is not yet available. Complete the bottom portion and email to <u>KSBHA_Licensing@ks.gov</u> or mail directly to the Kansas State Board of Healing Arts. The seal or notary must be clearly visible to be accepted by email.

I hereby authorize the school or program listed below to provide the Kansas State Board of Healing Arts any and all information pertaining to my education at that institution.

Full Name:	
Other Names Used (if applicable):	Date of Birth:
Name of School or Program:	
Signature:	Date:
TO BE COMPLETED BY THE PRESIDENT, REC	GISTRAR, DEAN OR DIRECTOR OF COURSE
Name of Applicant:	
Name of School or Program:	
Address:	
Start Date: Completion or Expect	ted Completion Date:
Degree Awarded:	
By signing below, I certify under penalty of perjury under provided is a true and correct statement of the recertified that the applicant completed all requirement prevailing at the time and will receive the above-stated	ecord of the above-named applicant. It is further nents according to the standard of accreditations
Signature	Date
Printed Name & Title	(Seal)
Email	