



Student Information:

Full Name:

Last First Middle

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 hereby attest that I have reviewed the professional licensure disclosures provided by Nicolet College and understand whether my intended program meets, does not meet, or has not been determined to meet licensure or certification requirements in my home state or intended work location. I further acknowledge that I am responsible for ensuring compliance with any additional state-specific licensure requirements.

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.

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: \_\_\_\_\_