



Name of Student: \_\_\_\_\_ Student ID: \_\_\_\_\_

Campus: \_\_\_Ashland \_\_\_New Richmond \_\_\_Rice Lake \_\_\_Superior

**PROFESSIONAL LICENSURE DISCLOSURE FORM  
Wisconsin & Minnesota Licensed Programs**

**THIS SIGNED AND DATED DOCUMENT MUST BE IMMEDIATELY RETURNED TO NORTHWOOD TECH  
TO CONTINUE YOUR ADMISSIONS PROCESS**

I, \_\_\_\_\_, am requesting admission and enrollment as a student at Northwood  
(Print Name)

Technical College in the following program:

✓ One Program	Program	Program #
	Cosmetology	315021
	EMT-Paramedic	315311
	Nursing Associate Degree	105431
	Occupational Therapy Assistant	105141
	Paramedic Technician	105311
	Veterinary Technician	100911

By signing this form, I understand that the program selected above meets professional licensure education requirements in Wisconsin or Minnesota. I attest that I intend to pursue employment in the state of Wisconsin or Minnesota after completion of my academic program. I understand that this program may not meet the licensure requirements of the state in which I am currently residing. I also understand that without returning this signed form, I cannot enroll in the program.

This Attestation is effective as of the date below and shall expire (a) when I provide written notice of expiration to Northwood Tech or (b) at the conclusion of my enrollment in the \_\_\_\_\_ program, whichever is sooner. I have signed this document this \_\_\_\_\_ day of \_\_\_\_\_, 202\_\_\_\_\_.

\_\_\_\_\_  
Signature of Applicant

Return Signed Document to the Address Below [NorthwoodTech.edu](http://NorthwoodTech.edu)

Northwood Technical College Student Services Office

Ashland - 2100 Beaser Avenue, Ashland, WI 54806      Rice Lake – 1900 College Drive, Rice Lake, WI  
New Richmond - 1019 S. Knowles Ave., New Richmond, WI 54017      Superior – 600 North 21<sup>st</sup> Street, Superior, WI 54880