NOTRE DAME
OF MARYLAND
UNIVERSITY

Licensure and Certification Attestation Form

In accordance with 34 CFR 668.14(b)(32), Notre Dame of Maryland University's ("NDMU") Master of Science in Nutrition and Integrative Health program does not meet the requirements for licensure or certification in certain states, including AL, IA, KS, NV, OH, RI, SD, WV, WI, WY, and as such may not enroll students from those states. Please visit https://ndm.edu/about-us/consumer-information/professional-licensure/ for additional information on state licensure and certification.

Individuals who reside in one of the above-listed states may not be admitted into the program unless, upon finishing the program, they intend to move to and seek employment in another state not on the above list. If you reside in one of the above-listed states, but intend to move to a qualifying state, please complete the attestation statement below.

For questions, please contact Dr. James Snow, Department Chair for Nutrition and Herbal Medicine (jsnow@muih.ndm.edu).

Upon completion, email the attestation form to SOIH-admissions@ndm.edu prior to completing your application.

Attestation Statement

I seek to enroll in the NDMU Master of Science in Nutrition and Integrative Health program. I currently reside in _____ (disallowed state abbreviation from list above) but intend to move to and seek employment in _____ (allowed state abbreviation) upon completion of the program.

I attest that the above information is true and accurate to the best of my knowledge.

Signature	Date
Name	Phone
Email	