



# Professional Licensure Disclosure Form

Program: \_\_\_\_\_

### Rio Contact Information

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

State or District	Meets Educational Requirements	Does Not Meet Educational Requirements	Undetermined
Alabama			
Alaska			
American Samoa			
Arizona			
Arkansas			
California			
Colorado			
Connecticut			
Delaware			
Florida			
Georgia			
Guam			
Hawaii			
Idaho			
Illinois			
Indiana			
Iowa			
Kansas			
Kentucky			
Louisiana			
Maine			
Maryland			
Massachusetts			
Michigan			
Minnesota			
Mississippi			
Missouri			
Montana			

State or District	Meets Educational Requirements	Does Not Meet Educational Requirements	Undetermined
Nebraska			
Nevada			
New Hampshire			
New Jersey			
New Mexico			
New York			
North Carolina			
North Dakota			
Northern Mariana Islands			
Ohio			
Oklahoma			
Oregon			
Pennsylvania			
Puerto Rico			
Rhode Island			
South Carolina			
South Dakota			
Tennessee			
Texas			
US Virgin Islands			
Utah			
Vermont			
Virginia			
Washington			
West Virginia			
Wisconsin			
Wyoming			

**Other Notes:** Enter other important information here