

INTERNSHIP PROGRAM INFORMATION

Intern Supervisor's Name (First, Middle, Last)		License Number 60-01	
Expiration Date of Intern Supervisor Approval		Intern Supervisor's Daytime Telephone Number ()	
Address of Internship Location (Number and Street)			
City		State	Zip Code
Intern License Applicant's Certification: I hereby certify that the statements in this application are true and correct. I have not withheld information which might affect the decisions to be made on this application. I am aware that a false statement or dishonest answer may be grounds for denial of my application or disciplinary action against my license, or may be punishable by law. I hereby authorize the Department of Licensing and Regulatory Affairs and its agents to investigate any statements made by me in this application, including checking criminal, civil and administrative records. I further authorize the Department or its agents to examine my books and records at the Department's discretion.			
_____ Applicant's Signature		_____ Date	