



Print Full Legal Name: \_\_\_\_\_

Last 4 of Social Security Number: XXX-XX-\_\_\_\_\_

**LICENSURE BY ENDORSEMENT SUPPLEMENTAL FORM**

2. List in chronological order all professional activities for the last five years. If you are still employed at that location indicate **"To Present"**. Any date field left blank may cause a delay in processing.

<u>From</u>	<u>To</u>	<u>Name and Address of Setting/Organization</u>	<u>Position Held</u>
_____	_____	_____	_____
_____	_____	_____	<input type="checkbox"/> at least 20 hours weekly <input type="checkbox"/> less than 20 hours weekly
_____	_____	_____	_____
_____	_____	_____	<input type="checkbox"/> at least 20 hours weekly <input type="checkbox"/> less than 20 hours weekly
_____	_____	_____	_____
_____	_____	_____	<input type="checkbox"/> at least 20 hours weekly <input type="checkbox"/> less than 20 hours weekly
_____	_____	_____	_____
_____	_____	_____	<input type="checkbox"/> at least 20 hours weekly <input type="checkbox"/> less than 20 hours weekly
_____	_____	_____	_____
_____	_____	_____	<input type="checkbox"/> at least 20 hours weekly <input type="checkbox"/> less than 20 hours weekly
_____	_____	_____	_____
_____	_____	_____	<input type="checkbox"/> at least 20 hours weekly <input type="checkbox"/> less than 20 hours weekly
_____	_____	_____	_____
_____	_____	_____	<input type="checkbox"/> at least 20 hours weekly <input type="checkbox"/> less than 20 hours weekly
_____	_____	_____	_____
_____	_____	_____	<input type="checkbox"/> at least 20 hours weekly <input type="checkbox"/> less than 20 hours weekly

Work Number	Home Number	Email Address
_____	_____	_____

Signature: \_\_\_\_\_ Date: \_\_\_\_\_